

M 5283

1.976

cop. 2

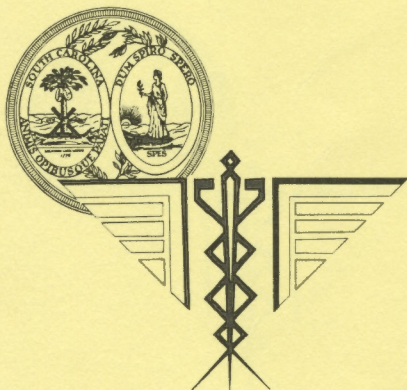
S. C. STATE LIBRARY

MAR 7 1977

STATE DOCUMENTS

**SOUTH CAROLINA
DEPARTMENT OF
MENTAL HEALTH**

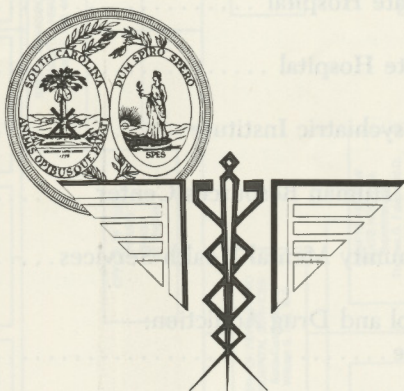
**ANNUAL REPORT
1975-76**



**Printed Under the Direction of the
State Budget and Control Board**

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

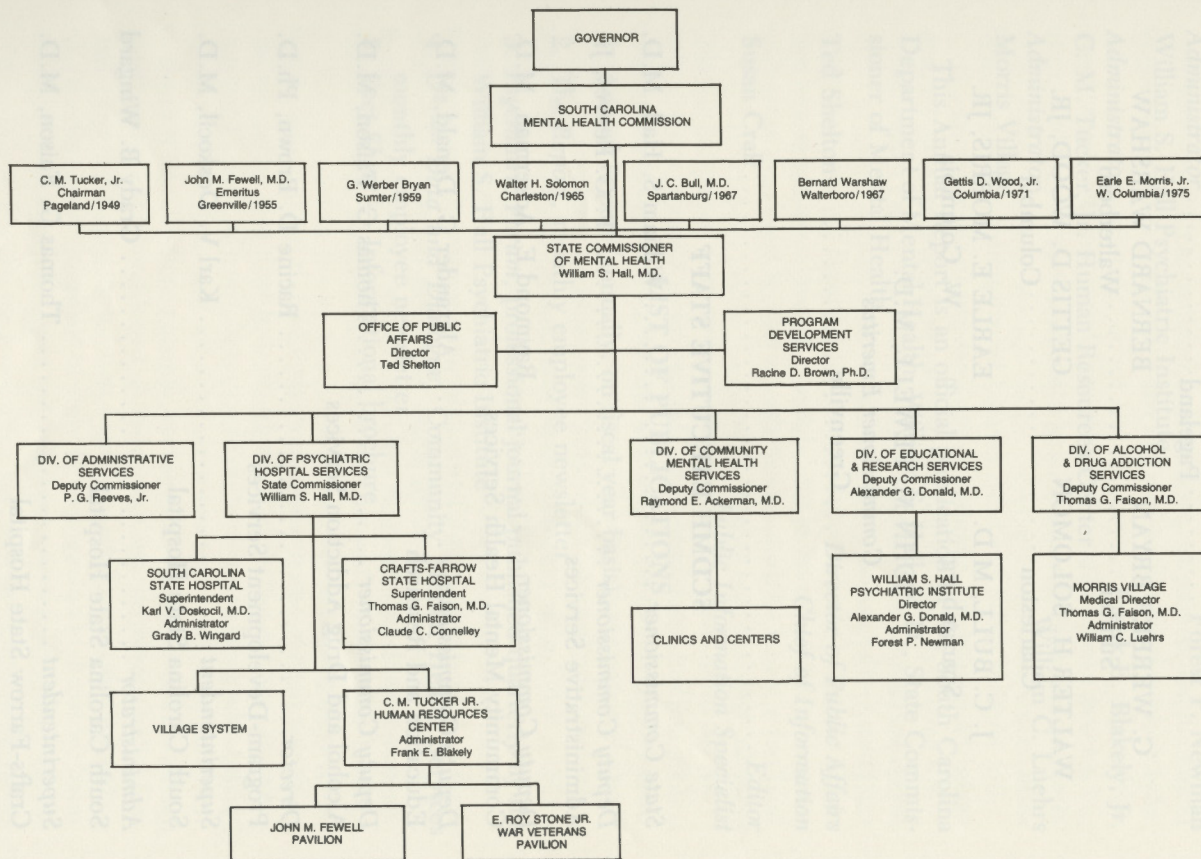
ANNUAL REPORT 1975-76



**Printed Under the Direction of the
State Budget and Control Board**

TABLE OF CONTENTS

S. C. Mental Health Commissioners and SCDMH Executive Staff	4
The Commissioner Comments	6
Office of the State Commissioner:	
Office of Public Affairs	12
Division of Program Development	14
Department of Archives and History	15
Division of Administrative Services	16
South Carolina State Hospital	32
Crafts-Farrow State Hospital	52
William S. Hall Psychiatric Institute	77
C. M. Tucker, Jr. Human Resources Center	91
Division of Community Mental Health Services	98
Division of Alcohol and Drug Addiction:	
Morris Village	131
Statistics	147



S. C. MENTAL HEALTH COMMISSION

C. M. Tucker, Jr., *Chairman*
Pageland

G. WERBER BRYAN
Sumter

BERNARD WARSHAW
Walterboro

WALTER H. SOLOMON
Charleston

GETTIS D. WOOD, JR.
Columbia

J. C. BULL, M.D.
Spartanburg

EARLE E. MORRIS, JR.
W. Columbia

JOHN M. FEWELL, M.D.
Commissioner Emeritus
Greenville

SCDMH EXECUTIVE STAFF

State Commissioner William S. Hall, M.D.

Deputy Commissioner P. G. Reeves, Jr.
Administrative Services

Deputy Commissioner Raymond E. Ackerman, M.D.
Community Mental Health Services

Deputy Commissioner Alexander G. Donald, M.D.
Education and Research

Deputy Commissioner Thomas G. Faison, M.D.
Alcohol and Drug Addiction Services

Director Racine D. Brown, Ph.D.
Program-Development Services

Superintendent Karl V. Daskocil, M.D.
South Carolina State Hospital

Administrator Grady B. Wingard
South Carolina State Hospital

Superintendent Thomas G. Faison, M.D.
Crafts-Farrow State Hospital

Administrator Claude C. Connelley
Crafts-Farrow State Hospital

Director Alexander G. Donald, M.D.
William S. Hall Psychiatric Institute

Administrator Forest P. Newman
William S. Hall Psychiatric Institute

Administrator Frank E. Blakely, Jr.
C. M. Tucker, Jr. Human Resources Center

Administrator William C. Luehrs
Morris Village

This Annual Report is an official publication of the South Carolina Department of Mental Health, William S. Hall, M.D., State Commissioner of Mental Health.

Ted Shelton *Director of Public Affairs*
Chief of Information

Susan Craft *Editor*
Public Information Specialist

LIST OF PUBLICATIONS

1. Annual Report (annually, on fiscal year basis)
2. The *Report*, monthly employee newsletter
3. *Psychiatric Forum*, professional journal published quarterly by the William S. Hall Psychiatric Institute
4. *D² — Data and Dialogue*, Community Mental Health Services monthly employee newsletter
5. *Fact Sheet* — Informational brochure

THE COMMISSIONER COMMENTS

It is not an easy task for me to decide upon and put down on paper my comments concerning the progress and problems of the Department — what we have been calling over the years the “State of the Department Address.”

Last year a cloud of pseudo-controversy hung over the Department. We passed through the crisis — and I thought the picky problems were over.

But another cloud has been created by misguided antagonists and again the quality and quantity of our work lies in the shadow.

We have to struggle to find the right words in defense of the Department, our programs, our employees, our goals — the very reason for our existence — the patients who depend on us — daily.

We struggle to find the right words but common decency and diplomacy deny us the luxury of total defense. As professionals we can only hold out a shield of truth against the barrage of falsehood, rumor inuendo, half-facts and twisted logic.

- All too often the truth stands naked before such a colorful assault.

I do not feel much optimism. This past year, taken as a whole, has done little to sustain my enthusiasm nor make me comfortable with the limited progress within the Department, our facilities and programs.

I refer to the “exposé” in the *State* newspaper on Sunday, October 3, 1976 — a full page presentation of what is now called “enterprising investigative reporting.” This is the cloud I mentioned earlier.

Well, I want to try to put this into proper focus. What was in the paper was this Department’s complete and documented response to a series of 32 complaints alleging patient abuse which was the result of Senator Thomas Smith’s collaboration with two former nursing supervisors at Crafts-Farrow State Hospital. Of those 32 points only 16 were in the category of patient abuse.

No one regrets patient abuse more than I do. It is intolerable. But it happens, and no matter how firmly we deal with this matter by immediate dismissal or prosecution of any employee who abuses a patient, it will happen. This is not an excuse for in the final analysis there can be no excuse for one person, any person, abusing another — be it a patient or a fellow employee, one’s neighbor — I could make the list endless.

But isn’t this one of the unwanted traits of society. This calls to my mind the words of a paragraph of Reinhold Niebuhr, “Man’s capacity for justice makes democracy possible, but man’s inclination to injustice makes democracy necessary.”

There are some bleeding-heart types out there who tell me they can’t accept the fact of patient abuse. Well, I can’t accept it, but I have to. I

know of 50 Departments of Mental Health in all of our states and countless plush and private psychiatric facilities who also do not like it.

What can we do? We can do what we have always done, be alert to the potential for patient abuse, be totally objective in evaluation of employee performance especially at the direct care to patient level; educate and re-educate, orient and re-orient our employees and our supervisors; make the physical safety and comfort of our patients our constant concern and deal severely with those who violate our work rules and regulations. We can't make everybody saints, but we can make them believers.

The thought of patient abuse sickens me and I will do all in my power to see that it does not happen.

Each year I have tried to say something happy and encouraging to make SCDMH employees feel wanted and appreciated. I'll try to do that again this year, for they deserve it. But, of greater importance, I hope that this Address will make people understand the difficulties under which we have been forced to continue functioning.

Let's take a brief look at the past year, which, as I have said, showed limited progress.

Village "A" is nearing completion, and our projection at this point is that it will be operational in the last quarter of Fiscal Year 1976-77, probably beginning about April. The Village System was one of the main focal points of this dream we have called our 10-Year Plan — the "New Direction" of the Department of Mental Health. Village "A" will be a 304-bed intensive treatment psychiatric center and it will serve the 15-county Midlands area.

Our initial planning back in 1968-69, and the adoption of the Village concept in 1970 projected the construction of four such psychiatric villages with the other three to serve the Piedmont, the Pee Dee and the Lower Coastal areas of the State.

We are now in the architectural contract phase for Village "B" in Anderson in the Piedmont and we have \$50,000 allocated, but not as yet available, for the planning for Village "C" to be located between Florence and Darlington. There has still been no action in the Lower Coastal area.

One of the desirable features of what we adopted as the Village concept was and is flexibility. Six years have transpired since we chose the Village direction in an effort to modernize and decentralize our major psychiatric facilities.

Many things have changed since that time. We are fortunate we are able to modify our thinking, our direction, to keep in step and keep our programming directed toward meeting the needs of the patient.

South Carolina State Hospital was surveyed for accreditation and the

critique on findings given to us by the survey team, while it included a list of deficiencies which must be corrected, also included some laudatory comments which causes us to be optimistic, but at the same time guarded.

The Joint Commission is becoming more and more hardnosed, standards are strict and becoming more so, and the survey teams are becoming more exacting in their inspections.

The William S. Hall Psychiatric Institute remains fully accredited as is the C. M. Tucker, Jr. Human Resources Center, and we are gearing our thinking toward the survey for re-accreditation of Crafts-Farrow State Hospital.

We are still awaiting the unfreezing of construction funds for a \$6 million 300-bed intermediate care facility for Crafts-Farrow which was originally approved by the General Assembly in 1975.

This year, at the request of the S. C. Commission on Aging with whom we have fully cooperated, there was added to the divisional structure of this Department a new category — the Division of Long-Term Care for the Mentally and Physically Handicapped Elderly Persons.

This is a statutory division and it conveys to this Department the “primary responsibility for care and treatment of elderly persons who are mentally and physically handicapped to the extent that their needs are not met in other facilities either public or private.”

I believe that is a key sentence. For years there have been undercurrents of opposition — (and these sometimes surface) — from private nursing home operators who oppose the entry of the Department into what they term the private sector.

This is playing ostrich with the facts. We all know that for years the Department — through Crafts-Farrow State Hospital — has been used as a nursing home for the elderly, as families for one reason or another have had to divest themselves of the care of or responsibility for an elderly loved one who has become unmanageable — and who the private nursing homes refuse to accept — or whose charges are so high as to place their facility well beyond the financial reach of many families.

Yet — these people must be served. And if I read the state’s population statistics correctly there is a large group on the way into this elderly category and we can expect a high percentage to eventually have to turn to us for care and for whatever treatment we can offer.

I am extremely pleased with the progress we have made in our program for autistic children. What started out 6 years ago as a pilot project for autistic children in the Charleston area has now grown to a full program serving some 80 children in Charleston, Columbia, Spar-

tanburg, and we are moving ahead for a program in Florence and Conway.

In many ways the Department has been a leader in the development and addition of programs to its mental health care delivery system. In many cases we have taken the first step that other states have followed — and this point seems most often overlooked by our critics.

Such is the case with the autistic children's program. We were a state leader in the field. As evidence of that leadership, this past August we, together with Converse College, sponsored the Judevine Training Institute in Spartanburg which attracted several hundred participants — some from as far away as Alaska, California and Oregon. The speakers, consultants, and researchers on the program were nationally recognized individuals.

Our program is a success. We will continue to evaluate it — add to it — modify it — to make it more and more effective.

As proof of that recognition the Department received a \$63,000 grant from the Developmental Disabilities Service Act for a pilot project to develop educational and vocational training techniques for the autistic adolescent and young adults.

As the autistic children's program is an example of the specialized programs which must be developed — successfully — by this Department — so is our Office of Youth Services.

This Office, established in 1974, has effected a strong relationship with other state agencies involved in services to youth — especially the Department of Social Services and the Department of Health and Environmental Control as well as the State Department of Education.

Separately — and together and in cooperation with our own Departmental Youth Council and the State Council — we are researching, evaluating and designing specific programs and methods of program exchange to better serve the needs of this category.

In this we cannot talk in terms of dramatic new developments — as we can the autistic children's program — for the background work is extensive and it must be thorough.

We know — we have known — there is a specific need in this area — the hard question is not only what is the problem and what is the need for service — but whose problem should it be.

Thus, the groundwork of strong inter-agency cooperation is vital as we move into this statewide program of youth services.

A major step forward during this past year was the appointment in June of a 31-member Mental Health State Plan Advisory Council. Created in accord with Public Law 94-63, the Advisory Council expands the opportunity for informed public influence on the program plans of the Department.

This is an extension of the historical tradition of broad-based public participation in program development which was first begun with the creation of community mental health boards. Our State Plan was revised and published in June — and the Council is already meeting and hard at work on the State Plan.

This year the budget projected for Fiscal Year 1977-78 was not so much asking — as it was being told what we could expect to get and live with.

This will be the third straight year that the Department has been severely limited in its funding — although historically — from the very beginning at the Mills Building in 1828 — a lack of proper funding for patients has been a hard fact of life.

We went into the 1975-76 Fiscal Year some million short of actual needs — and only two months into that fiscal year we were ordered to absorb a seven per cent reduction in funds because state revenues were falling far short of original estimates.

In the 1976-77 Fiscal Year we ended up some \$10 million short of our anticipated needs — and to top it off we had to absorb within our meager appropriation the four per cent salary increase for all employees.

Our 1977-78 request is only \$10 million over last year's.

It provides for only five per cent to meet the rising costs of inflation — and after all other automatic increases are computed in — there are only enough funds for 194 additional personnel.

What we need is at least 318 new positions — of which some 228 would be in the area of direct patient care.

How many more personnel do we need in the direct patient care area? I don't know. I wish I did.

The most difficult task I face each year is to explain to the Budget and Control Board, the House Ways and Means Committee and the Senate Finance Committee — to the entire General Assembly — that it's not the Department of Mental Health which says there must be more professional and highly trained people treating the mentally ill — it is the courts — it is the Joint Commission on Accreditation of Hospitals — it is this group or that group which has been denied services in the past and which is now demanding that they be served — that their needs be met.

The Department of Mental Health is only an instrument of service delivering to the people of this state what the General Assembly says the people are entitled to — through the funding provided for the Department.

I think one of the most ridiculous statements I have ever heard is "But Doctor — you can't solve all of your problems just by throwing money at

it." And I hear that statement almost every week. It has become one of the more popular political clichés.

You can solve the problems of the mentally ill by throwing money at it. Because money pays for personnel and personnel provide care and money pays for treatment programs — and that is what mental health is all about.

Our problem in the past, now, and cynically I say the future — is that not enough money has been thrown at mental health — if I must use the cliché to make my point.

The citizens of South Carolina — through the General Assembly — are going to have to demand that enough money be appropriated each year to mental health — not just once in a while — to accomplish the goals of total modernization, decentralization, greatly expanded community services, alternate care facilities — anything and everything to support a system in transition.

We have an excellent mental health care delivery system in South Carolina — but it cannot go on — it cannot survive on the momentum of enthusiasm and dedication alone. It must be funded to its fullest.

Unfortunately — few of us are allowed the luxury of determining our own fate — and this becomes especially true when we consider that proper funding is the life blood of this citizens-service agency or any state agency for that matter.

Lacking proper funding — then the race remains only between decadence and decline or dedication and more dedication — when we do have to rely solely on enthusiasm and dedication to carry us through.

Our critics carry on — and they have become immobilized in a thicket of concern and good intentions. We need their helping hands so much more than we need their discordant voices. But — when reason flees in panic, irrationality rushes in to fill the void.

But this is still another luxury we cannot allow ourselves.

I know it is difficult to carry on — but this we must do. We must continue to evaluate the present and plan for the future even though there appears to be little hope that the money will be there to meet the needs of our patients — of the mental health responsibility.

OFFICE OF THE STATE COMMISSIONER

The Office of the S. C. State Commissioner of Mental Health consists of the Commissioner (Dr. William S. Hall), an Administrative Assistant II and a Secretary II.

Dr. Hall has served in this capacity since July 1, 1963. As the chief executive of the Department it is his responsibility to administer the policies, rules and regulations established by the S. C. Mental Health Commission. He is appointed by this Commission, which is the governing board of the Department and whose members are appointed by the Governor.

The Commissioner must be a medical doctor licensed in S. C. with approved training and experience in psychiatry. The Commissioner has the power to appoint and, at his discretion, remove all other officers and employees of the Department (subject to the approval of the Mental Health Commission).

The Commissioner acts as the immediate supervisor to two adjunctive services — the Office of Public Affairs and the Office of Program Development.

Office of Public Affairs

The Office of Public Affairs consists of a Director, an Information Specialist II, an Information Specialist I and a Secretary. Its duties are numerous and its responsibilities are varied.

In its function as a public relations entity the Office of Public Affairs receives questions from the general public (i.e. elementary, high school, and college students requesting assistance and information about the Department and mental health for class projects; citizens who are concerned about mental health services for friends, neighbors, or relatives, etc.) and sees to it that they are answered through direct communication, by referring them to a proper source of information, or by mailing written materials. This office handles letters of complaint from patients and their relatives forwarded from the Governor's Office and investigates such complaints.

This office answers questions received from Department employees (through a Question and Answer column in the *Report*) from legislators (for example, the 13 questions concerning the Department's treatment methods and services submitted by the Legislative-Governor's Committee on Mental Health and Mental Retardation in November, 1975) from probate judges, as well as from newspaper reporters, radio and television station interviewers.

The office provides speakers as requested by various organizations for their meetings and programs.

The Director of Public Affairs keeps track of all legislation — past, pending, or projected — related to mental health or any laws which would have any effect upon the SCDMH. He also is a consultant to the Legislative-Governor's Committee on Mental Health and Mental Retardation and to the Mental Health Commission.

In its capacity as a service for dissemination of information to employees and the public the office publishes (this involves gathering news stories and items of interest, editing, photographing, designing and layout) the *Report* — a monthly magazine distributed to each Department employee and to a mailing list which includes the Governor, Lt. Governor, S. C. legislators, probate judges, state agencies, out-of-state mental health directors and mental health commissioners, S. C. Colleges and Universities, the S. C. Mental Health Commissioners, 25 S. C. daily and 81 weekly newspapers, 14 television and 117 radio stations, Community Mental Health Center and Clinic Board members and to miscellaneous requests.

The office also publishes *D²-Data & Dialogue*, a monthly newsletter for all Community Mental Health employees. It is also the duty of this office to compile the Department's Annual Report (a legislatively mandated official, detailed record of the SCDMH fiscal year).

During the year the staff, upon request, designed brochures for the CMHS Film and Book Library for Morris Village and CMHS. A Fact Sheet, containing in capsule form information regarding the SCDMH, its facilities and services, was created for distribution to the public. During the fiscal year 49 news releases relating to newsworthy Department activities were distributed (addressed and mailed) to the S. C. mass media.

The office participated actively in the planning and preparation of special events such as the Morris Village dedication ceremony, the Annual Meeting, and the SCDMH Outstanding Employee Selection and Luncheon. This involved advance publicity; designing and distributing invitations and programs; choosing plaques; photography and coverage of these events in Department publications and the press. Staff members also created brochures and programs by request of various Department personnel and groups which presented workshops during the year. The office also designed and distributed the Department's 1975 Christmas Card.

Two staff members took the pictures of special Department events for the record, as well as those pictures which appeared in all the Department publications and/or were sent to the press. They visited the construction sites of Morris Village and Village A to photograph various stages of construction and weather damage; photographed "before and after" pictures of facility buildings being remodeled and renovated; and

photographed locations under consideration by the Budget and Control Board for remodeling or reconstruction — the SCDMH warehouse — all this was done by request of the SCDMH Engineering and Planning Division. These staff members also took color slides of Department facilities and activities which were used in "road shows," talks, and programs presented for the public by various SCDMH personnel. A photograph negative and print file is kept on hand for requests, reference, and future use.

The office maintains extensive files including all publications, letters, materials, laws, information of historical interest, and special events pertaining to the Department.

One staff member is responsible for finding and keeping on file all newspaper articles regarding the Department and anything relating to mental health.

As part of Department policy the Director is informed of all LWP patients, fires, emergencies or other unusual occurrences.

In summary, the Office of Public Affairs through diligent efforts, cooperation, positive commitment, and objectivity strives to create a bridge of communication between the SCDMH, the public, its patients and their families, and to its employees.

Office of Program Development Services

The Office is responsible for overall Departmental planning, program evaluation, and organization development. The primary focus of the present year was the development of the State Mental Health Plan required under Public Law 94-63. A concomitant of the State Plan was the inauguration of a 31 member State Mental Health Advisory Council; the staff of the Division devoted substantial time and effort to the genesis of the Council and in planning support for its work. Office goals for the coming year are geared to further development of an implementation of the State Plan.

The Office of Youth Services, a section of the Office responsible for coordination and program development services for children and youth, devoted a major effort to delineating issues in the implementation of new legislation, such as State and Federal laws pertaining to education of the handicapped. Other highlights include regional planning as part of the Southern Regional Education Board project on Continuing Education in Mental Health, linkage of National concerns through work with the State Mental Health Program Representatives for Children and Youth, and extensive coordination with other State agencies. The SCDMH Children and Youth Council has been increasingly effective as a means of exchanging information and influence related to children and youth pertinent to service programs of the Department of Mental Health.

?
State
Mental
Health
Plan

DEPARTMENT OF ARCHIVES AND HISTORY

The Archives and History Department of the S. C. Department of Mental Health had an increasing number of visitors — local, statewide, national and international — including hundreds of high school and college students. As part of their orientation program, officers of the Law Enforcement Training School, S. C. Criminal Justice Academy, regularly visit the Archives. Many patients in the hospital, former patients and personnel from all facilities come for tours. Notices in state and national brochures attract many visitors. Since the official opening in May 1972 about 5,000 have toured the Archives.

The Archives depicts the history and progress of South Carolina state care of the mentally ill. On display are portraits, photographs, oil paintings by patients, original handwritten documents, authentic furnishings used in the Mills Building and the S. C. State Hospital in years past.

Two beautiful plaques denote that the Department of Archives and History, Mills Building, has been entered on the National Register of Historic Places by the United States Department of the Interior under the provisions of the National Historic Preservation Act of 1966.

Numerous inquiries necessitate extensive research referable to special therapies, diagnoses, data referable to former patients, material for preparation of papers, information about buildings, etc.

This very interesting, beautiful historical department is located in the entire 1842 East wing, ground level, of the 1822 Mills Building (The Lunatic Asylum), the original mental hospital in South Carolina, designed by the internationally famous architect, Robert Mills of South Carolina.

South Carolina was the second state to authorize and finance a hospital for the mentally ill, and the original Mills Building is the oldest state hospital in the nation in continuous use. This is now a multiple purpose facility.

DIVISION OF ADMINISTRATIVE SERVICES

BUDGETS

During Fiscal Year 1975-76, recessionary pressures were felt by State government and the fear that funds already appropriated to State agencies might exceed revenue to be collected resulted in a budget reduction ordered by the State Budget and Control Board in November of 1975.

The Department of Mental Health suffered an approximate 7% reduction in State Appropriations amounting to \$3,289,079. The majority of this reduction was accomplished through a freeze on vacant positions initiated in November 1975 as well as a reduction in the percentage merit increase employees were eligible to receive. Fortunately this crisis has not resulted in any "lay-off" of our work force. However, since economic conditions are not expected to improve noticeably, merit increases have been suspended for Fiscal Year 1976-77 with the hope that a retroactive reinstatement might occur if funds become available in January 1977.

The Department prepared and submitted to the Legislature, during Fiscal Year 1975-76, its requested budget for Fiscal Year 1976-77 in the amount of \$55,488,579. Of this State Appropriations request, \$46,142,634, or a 4.89% increase over the previous year, was approved.

The effects of economic recovery are not expected to be reflected in Fiscal Year 1977-78 appropriations resulting in virtually no expansion of services or staff.

LEGAL BRANCH

The Legal Branch continues its primary function of the collection, enforcement and protection of the Department's claim and liens for medical care and maintenance rendered to patients. In addition, the Legal Branch provides counseling and assistance on a variety of matters which involve or could involve questions and problems of a legal nature.

Also, in October of 1975, the Legal Branch expanded to include an Attorney for Patient's Affairs who is primarily concerned with patient's rights and privileges as well as counseling and assisting individual patients with personal legal problems.

LICENSING SECTION

Six additional Community Care Homes were licensed during the year so we now have twenty-six facilities with a total bed capacity of 428. Also, there are six prospective homes interested in the Community Care Home program.

There were three Community Care Homes to close during the year and this accounted for a total loss of twelve residents. These homes were located in the Fairfield and Saluda County areas.

For the fiscal year, we have licensed 42 Alcohol and Drug Abuse facilities. The Detoxification Centers and the Halfway Houses account for a total bed capacity of 358. There are also fourteen prospective facilities in sight.

There was one Alcohol and Drug Abuse facility to close during the fiscal year which cared for ten residents. This facility was a Detoxification Center located in Laurens County.

Travel amounted to approximately 17,500 miles.

PURCHASING

In October, 1975, a memorandum was received from Central State Purchasing requesting that all orders of \$1,500.00 or more be forwarded to them for purchase with a few exceptions. This has accounted for much too long turn-around time and delay in processing of the orders. We have been working closely with them, and are hopeful that improvement in this area will be made.

The overall work load in Purchasing has increased tremendously due to expansion of facilities, and due to requirements by the Accreditation Committee that we provide more recreation and physical activities for the patients. This has resulted in our having to buy a greater volume and variety of goods than previously were used.

One Clerk's position was deleted from General Services/Mail Room, which necessitates that Purchasing furnish relief during absences of remaining personnel or during peak work periods. To give an idea of the mail volume business that is processed through this office, Pitney-Bowes service representative in checking on the Postage Meter advised us that we have used a total of \$121,000.00 worth of postage since the meter was installed in 1972.

Purchasing and General Services have had no turnover of personnel during this reporting period.

PRINT SHOP

The Print Shop is a service component utilized by all facilities of the Department, including all mental health clinics.

There have been 3969 jobs of various nature processed through the Print Shop during 1975-76, for a total of 7,381,346 printed impressions and 24,302 masters used. The impressions totals are slightly less than the year 1974-75, and masters used increased by almost 3,000; indicating an increase in jobs of smaller volume.

Source of the other accountable duties performed are as follows: 196 books bound, which is a decrease due to one large section selecting to use a temporary binder for books not required for permanent record; approximately 500 man hours spent collating, stapling and folding of printed booklets, brochures, pamphlets, etc.; approximately 700 feet of printed material laminated.

CENTER FOR ORIENTATION TO INDEPENDENT LIVING

The Center for Orientation to Independent Living has completed its first full fiscal year of operation. During this year the Project has operated at its expected level of service.

A new service program was initiated during October, 1975, called the *Inpatient Adult Development Program*. It serves patients mainly from the South Carolina State Hospital and the Crafts-Farrow State Hospital. This program is designed to help teach these patients some of the living skills that will be needed in order to leave the hospital and become Project COIL residents or move from the hospital directly to a community living situation. This program lasts 15 weeks and serves approximately 20 patients from each of the two major hospitals. Thus far, approximately 120 patients have participated in this program.

The Adult Development Program has continued to serve approximately 100 persons in Columbia Area boarding homes in addition to all COIL residents. The Adult Development Program activities include: consumer education classes, orientation to community, instructions in finance planning, social and recreational functions, and arts, crafts, and hobby development.

The statistics for the Residential Program during the period of this annual report are 109 admissions, 35 returned to the institutions for various reasons (including medical needs, psychiatric needs, and those deemed inappropriate for the program), two (2) leave without permission, two (2) deceased, and 54 placed in community living situations. The resident census as of June 30, 1976, was 45.

During this period the Project has employed ten new employees, with one terminated and two transferred to the South Carolina State Hospital, resulting in a staff of seventeen persons.

The funding of this Project is under a Title XX Contract with the Department of Social Services. This contract provides for Title XX to reimburse 70% of the costs with the South Carolina Department of Mental Health providing the remaining 30%. Thus far, the Project's costs have been well within the limits set by the Department of Social Services in the contract.

FRIENDSHIP CENTER

Friendship Center celebrated its 15th anniversary in October 1975 and presently occupies a portion of the facility that houses the Center for Orientation for Independent Living (Project COIL), located at 1135 Carter Street, Columbia, South Carolina.

The Center provides social recreation to men, women and young people who have had mental or emotional problems. It is open every day of the year providing a wide variety of structured and non-structured activities. In addition to the usual recreational activities some of the favorite events have been: a trip to Charleston, attending plays in town, homecoming picnic, dances with a live band, Weight Fighters Club (192 pounds have been lost), voter registration and belly dancing classes. The staff includes the Executive Director, Program Assistant, part time secretary, and seven part time group leaders who are in charge of the regular evening activities. Referrals are received from the hospitals in the area, Columbia Area Mental Health Center, private physicians, other agencies and by self-referral. In addition to individual members Friendship Center served the following groups: exit wards at South Carolina State Hospital and Crafts-Farrow State Hospital, COIL residents, former patients placed in group homes and boarding homes, adolescent girls from Caroselle House, deaf students from Opportunity School, and day care patients at Columbia Area Mental Health Center.

The Center is supported by the Department of Mental Health, United Way of the Midlands, Title XX and private contributions. The total budget for 1975 was \$30,895 and we have a present average attendance of over 1,000 each month.

PROPERTY ACCOUNTING SECTION

Report covers activities of following organizational entities:

Consumable Inventory Accounting	20042
Fixed Assets Accounting	20044
Warehouse	20070
Upholstery	20071

1. *Commercial Storage:*

In storage July 1, 1976	29,533 cases
Placed in storage Fy 75-76	42,484 cases
Remaining in storage 30 June 1976	23,389 cases
Cost of storage Fy 75-76	\$16,352.14
Acquisition of stock items requiring Commercial storage is being closely monitored to hold quantities to a minimum pending completion of new addition and renovation of present Warehouse scheduled for completion during Fy 76-77.	

2. *Ice Cream Manufacturing:*

Manufacture of ice cream for Departmental use was discontinued in October 1975 and ice cream is now being procured from commercial sources.

3. *USDA Donated Commodities:*

The United States Department of Agriculture reinstated donation of commodities for institutional use in February 1976. To date, the Department of Mental Health has received five (5) commodities with a total dollar value of \$134,417.66. Commodities received were:

Margarine
Milk, NFD
Salad Oil
Shortening, Vegetable
Rice

4. *Salvage Disposal:*

Disposal of salvage items such as cans, drums, rags, jars, scrap metal, etc. netted the Department \$14,701.25 during the Fiscal Year.

5. *Inventories:*

Inventories of Consumable Property Accounts were conducted on a semi-annual basis with the exception of the two pharmacies. The two pharmacies are inventoried annually. Reports of the results of all inventories were made upon completion. No exceptions were taken by auditing personnel. Value of inventory as of 30 June 1976 was \$1,217,484.

Inventory of Major Movable and Fixed Equipment of all South Carolina Department of Mental Health Facilities and Community Mental Health Clinics and Centers were conducted during the year. Value of this inventory as of 30 June 1976 was \$15,127,094.

INTERNAL AUDITOR

Serving the Fiscal Year 1975-76 as Internal Auditor at the South Carolina Department of Mental Health, various job activities have been accomplished. Fourteen components (clinics and centers) of Community Mental Health Services have been audited in order to maintain proper operational controls. As per State Auditor's recommendations, Directive No. 386-76, Establishment of Policies and Procedures for Cash Flow, has been finalized and is being implemented by the above components. Annual and monthly reports of financial information are being submitted to the United Way of Lexington and Richland Counties

for grant allocations to the Friendship Center. Annual audits have been performed for Pharmacy operations (SCSH and CFSH). Semi-annual audits of the SCDMH Commissary and recaps of inventory at the SCSH Warehouse have also been performed. Several storage points have been surveyed and monitored for proper controls. At present, annual audits for the Canteens (SCSH, CFSH and Morris Village) are being performed. The final audit for the Farm Operations will also be performed; operations of the farm have been discontinued.

STAFF DEVELOPMENT PROGRAM

The Staff Development Program, responding to the results of the 1975 Training Survey, implemented over 20 new courses and workshops in addition to those already established. These programs were taught primarily by employees who indicated on the survey a willingness to share their skills and knowledge with other employees. The survey, with over 2,500 employees responding, produced over 600 course instructors for the 98 courses listed and over 15,000 preferences to take courses. The sharing of the wealth of abilities that exists among employees within the Department is a primary goal of Staff Development.

Coordinating the survey effort with the Computer Systems Division produced a computer print-out of available instructors and interested participants. This facilitates the matching of qualified instructors with employees who want to learn specific skills. Through the use of the computer, the Staff Development Program has also created an individual training record for each employee.

These records may be used by employees to document training experiences and the awarding of CEU's or other credits; and by the Department as documentation for governmental or judicial inquiries relative to staff training and patient care.

In fiscal year 1975 Staff Development submitted a training grant proposal to the Paraprofessional Branch of NIMH. The focus of the proposal is the development of a competency based career ladder system for service delivery paraprofessionals. The program will be as a pilot project in Village A and Federal Funding is expected for the period of July 1, 1976 to June 30, 1978.

The Staff Development Program also offered its first graduate course in a cooperative relationship with the University of South Carolina. The course "Perspectives on Public Administration, GINT 770" is a required course in the Masters in Public Administration Program in the Government and International Studies Department at University of South Carolina. Agreements have been reached to offer another course, "Government Data Sources and Analysis, GINT 771," during the Fall term,

1976. Several other courses are to be offered during this year and it is anticipated that college credit may be obtained for those also.

RESEARCH AND STATISTICAL SECTION

Automated data files are maintained by the Research and Statistical Section for the purpose of providing statistical information on varied subjects to numerous users within a short period of time.

During the past year the Research and Statistical Section has been working closely with the Research and Evaluation Section of Community Mental Health Services on the development of an information system for mental health clinics and centers throughout the state. The Research and Statistical Section has also worked with the Division of Health and Social Development under the Governor's Office on the Cooperative Health Statistics System.

The Section has been able to comply with all federal and state reporting requirements over the past year. The Section continues to satisfy numerous requests for information and research assistance from departmental users.

PATIENTS PERSONAL AFFAIRS

The Patients Personal Affairs Branch has made progress in several areas which have been an expansion of traditional responsibilities. Title 20 has been implemented and the Branch has provided support and coordination for those programs which have been eligible for funds. These funds have resulted in expansion of service capability and have served in some instances to replace funds which have been lost due to phasing out of other federal grants.

The Branch has provided liaison and coordination between hospital personnel and the Supplemental Security Income program under the Social Security Administration. Patients Personal Affairs now serves as the clearing point for applications and insures the dissemination of current information. A computer terminal has been extremely helpful in the handling of patient financial data. We anticipate an expansion in our use of the computer to provide up-to-date financial information to the treatment staff.

COMPUTER SERVICES

The Division of Computer Services is composed of four sections, Clinical Systems, Business Systems, Computer Operations, and Systems Programming. All data processing activity for the Department is handled through this Division.

Since its inception in 1972, concentrated efforts have been made to build a strong, flexible and progressive type system that will continue to provide up-to-date services in the field of computer technology.

CLINICAL SYSTEMS SECTION

The function of the Clinical Systems Section is to design, program and implement computer programs and systems which gather and make available patient information.

Many enhancements have been made to the online Patient Information System in our continuing effort to make it more useful and dependable and to respond to the changing needs of the SCDMH. The A&D Sheet Programs were completely rewritten and now reflect a second generation effort. In the re-write process, programming changes were made to reflect the valuable constructive criticism of the first effort which was offered by those who use the A&D Sheet. Additional audit records have been added so that users who have a need to know can receive daily listings of patient transactions which are not displayed on the A&D Sheet.

The Patient Master File has grown to contain more than 27,000 patient records, all available to our users at the various facilities. Update transactions are being performed to patients' records at a rate of 7000-8000 per month, which represents a sizeable increase in volume and capacity over last year's usage.

The concept and need for a patient history system is clear, and work is underway at the present time to implement a system which will answer that need.

BUSINESS SYSTEMS SECTION

Business Systems Section designs, programs and implements computerized business applications for the Department. Some of the major projects of the past year are shown below.

Programs have been designed and written for online inquiry into the Payroll/Personnel File. This system is operative and is being used by the Personnel and Finance Branches.

The Work Order System study, which began in May 1975, escalated into a Maintenance Cost Management System which includes, in addition to Work Order, Preventive Maintenance and Space Utilization Systems. The Preventive Maintenance System has been completed and the Space File is being built.

An authorized Position Number System was written and will soon replace the old Personnel Strength System.

The Financial Management System Account Status File has been put online for use by the Finance Branch.

Study is continuing on the Work Order System, and on a complete online Personnel System.

SYSTEMS PROGRAMMING SECTION

In a continued effort to expand and streamline our services, nine local IBM 3277 CRT's were purchased and installed in vital areas within the Department during the past year. One was placed in the Finance Section, one in Personnel, another in Patients Personal Affairs Branch, etc., connecting all of the areas online to the computer.

Two online statistical data collections systems, CMH Client ID and CMH Daily Staff Report, were completed by the Systems Programming Section.

We have initiated procedures for the computer which have enabled us to cut the online response time from two minutes at peak time periods to ten to fifteen seconds at the same time periods.

- The Department of Health and Environmental Control is presently utilizing our computer via a 3704 control unit, connecting their MOHAWK computer to our IBM 370/145.

During the next fiscal year we have planned to replace our present IBM 370/145 computer with an IBM 370/148 computer. This move should enable SCDMH Data Processing to gain a thirty to fifty percent improvement in processing power at no extra cost.

COMPUTER OPERATIONS SECTION

Operating in conjunction with the other three Sections of the Division, Computer Operations utilizes programs and systems developed by them to enter, store, retrieve, and process information and make it readily accessible for use by other components of the Department.

This Section operates twenty-four hours a day, seven days a week. Among the numerous systems maintained by it are payroll and personnel, inventory, patient billing, patient statistics, and patient personal funds.

ENGINEERING AND PLANNING SECTION

Construction of Village "A" is proceeding on schedule with completion anticipated in February, 1977.

The General Assembly has approved planning funds for Villages "B" and "C." Architectural selection procedures are underway for Village "B."

Morris Village was completed during the fall of 1975.

The Information and Fire Alarm System serving all facilities is substantially complete.

Major projects for the improvement of existing facilities include the following:

Crafts-Farrow State Hospital

1. Air Conditioning and Interior Improvements to Buildings 13 & 18. (completed)
2. Addition and Improvements to Administration Building. (completed)
3. New Canteen and Post Office Complex. (completed)
4. Water Booster Station. (completed)
5. Supply and Linen Distribution Center. (bids received)

South Carolina State Hospital

1. Air Conditioning and Improvements to Allan, Saunders, Cooper, and Preston Buildings. (substantially complete)
2. Addition to Warehouse. (bids received and contract awarded, scheduled completion date — August, 1977)
3. Air Conditioning Improvements to Byrnes Clinical Center. (contract plans in preparation — anticipated completion date — January, 1977)
4. Renovation and Air Conditioning of Thompson Building. (funding approved by General Assembly)

PERSONNEL SECTION

Introduction

During the past fiscal year, the Personnel Office reviewed and updated many of the existing personnel policies and procedures of the South Carolina Department of Mental Health. New policies and procedures were researched and written as required.

Employment Activities

During the fiscal year 1975-76, a total of 4,869 initial interviews were conducted by the Employment Section resulting in the employment of 708 people. This represents a decrease of 48.3% over last year's employment, which is the result of a budgetary cutback and "freeze" on state employment imposed by the state of South Carolina.

The Psychological Corporation's Fundamental Achievement Series Test continues to be administered to prospective employees for Mental Health Specialist I positions. This test has reduced the number of new employees who are unable to pass the in-service training program.

During the fiscal year 1975-76, a total of 683 people were tested with 476 qualifying.

The Employment Section actively participated in programs to hire disadvantaged individuals again this year. Around 50 people were hired through the programs of the Comprehensive Manpower Program and the Richland County Manpower Program.

A new system has been developed to notify all facilities of existing vacancies within the department. Vacancies are posted in accessible areas and in the Weekly Bulletins so that all employees are aware of vacant positions. This gives employees an opportunity to apply for higher level positions and to obtain upward mobility.

<i>Month</i>	<i>Initial Interviews</i>	<i>Total Interviews</i>	<i>Processed</i>
July	477	830	86
August	433	684	95
September	615	959	142
October	526	822	94
November	219	322	46
December	86	109	18
January	256	315	20
February	356	477	22
March	543	757	35
April	421	666	33
May	545	745	61
June	392	571	56
TOTAL 1975-76	4,869	7,257	708

Classification-Compensation

For the second straight year, the State Budget and Control Board contracted with the consulting firm Frank C. Brown and Associates to conduct a comprehensive salary survey for positions in the classified service.

The departmental Classification-Compensation Section participated in this survey by conducting bench audits throughout the state with private industry and non-state governmental entities. This survey resulted in approximately forty classifications receiving grade reallocations and, insofar as possible during this period of economic recession, a proposed pay schedule that was designed to be competitive. These proposals were implemented on June 27, 1975, with \$12,046,025.00 being appropriated by the General Assembly, for an average increase of 3.6%.

During the second quarter of the fiscal year, the state was faced with the possibility of a budget deficit. This resulted in revisions to the Plan of

Administration that would decrease the expenditures of the affected state agencies.

1. *Grade Reallocations* — All provisions of the classification and compensation Plan of Administration concerning grade reallocations were suspended for the remainder of the fiscal year 1975-76. Studies currently in progress were completed and the results implemented if funds were available, but no new requests were accepted by the State Personnel Division.
2. *Reclassifications* — Article 2, Section 5-D.4 of the Plan of Administration was suspended for the remainder of the fiscal year 1975-76. Instead of allowing a reclassification increase of up to 10% or to the minimum of the new pay range, the following policy was implemented:

An employee whose position was reclassified upwards received a salary adjustment only if the increase was necessary to place the salary at the minimum rate of the new pay range. No adjustment in salary was affected if the employee's salary was already within the new pay range.

The Department of Mental Health was advised that its budget would be cut by approximately 8%. This resulted in the necessity to reduce percentages being granted for merit increases effective December 26, 1975. At this point, merit increases were reduced to 4% for average performance, 5% for above average performance and 6% for outstanding performance.

The new minimum wage of \$2.20 per hour became effective on January 1, 1976. However, all classified employees of the department were making at least \$2.27 per hour at this time and no change was required.

During the fiscal year, approximately 650 employees of the Department of Mental Health were reclassified, upgraded, promoted, etc. The Classification-Compensation Section processed approximately 3,042 merit increases.

Employee Relations

The departmental Employee Relations Specialist held 159 individual counseling sessions which involved 62 employees. In addition to individual counseling, there were several group meetings with employees, their supervisors and other facility officials. There were seven meetings held with representatives from other state agencies concerning complaints filed by employees of the South Carolina Department of Mental Health with these state agencies.

There were meetings held each month by the departmental Employee Relations Specialist with facility Personnel Representatives to discuss

new and/or changes to existing departmental policies; fund raising, membership and other campaigns sanctioned by the department; mutual employee relations functions and specific individual facility employee relations problem areas. These meetings were rotated from one facility to another each month in order that each facility personnel representative might gain first hand knowledge of some of the activities that take place within the department outside of his or her own facility.

During the fiscal year, there were sixteen step one, eleven step two, and seven step three grievances held within the department. There were two step two grievance decisions that were appealed for step three hearing that were denied by the State Commissioner of Mental Health for justifiable reasons. There were two step three decisions that were appealed to and heard by the State Employee Grievance Committee.

During the month of June, 1976, the departmental Employee Relations Specialist arranged for the Employee Relations Manager from the State Personnel Division to present an orientation on grievance hearing procedures to all departmental grievance committee members, facility personnel representatives and other interested persons. This orientation proved to be quite fruitful and pointed out the need for such orientations in the future.

The South Carolina Department of Mental Health conducted the annual United Way Campaign during the months of September and October, 1975. A goal of \$25,600.00 for the department was established by the United Way Headquarters. A total of \$28,388.02 was contributed during this campaign for 110.89% of the assigned goal.

The Heart Fund Campaign was conducted during the month of February, 1976. The State Employees Heart Fund Campaign Headquarters assigned the South Carolina Department of Mental Health a goal of \$1,925.00. Employees of the department contributed a total of \$2,552.03 for 132.57% of the assigned goal. For this achievement the department was awarded the Heart Fund Citation for the second successive year.

The annual campaign to raise funds for the Easter Seal Society for Crippled Children and Adults of South Carolina was conducted during the month of April, 1976. Employees of the South Carolina Department of Mental Health contributed a total of \$868.60 to this campaign. This amount represents an increase of \$172.35 over last year's contributions.

The Annual Cancer Fund Drive was conducted during the months of April and May, 1976. Employees of the South Carolina Department of Mental Health contributed a total of \$2,351.22 to this very worthy cause. This amount represents an increase of \$840.34 over last year's contributions.

The Multiple Sclerosis Society Campaign was conducted during the

month of May, 1976. This was the first time that the South Carolina Department of Mental Health participated in this campaign since it was the initial State Employees Campaign for Multiple Sclerosis. Employees of the department contributed a total of \$685.96 during the campaign.

The month of May being Mental Health Month, in May, 1976, the departmental Employee Relations Specialist distributed a letter over the signature of the State Commissioner of Mental Health, an application and a brochure to each employee in an effort to gain more membership for the South Carolina Mental Health Association. At the end of the fiscal year this effort had gained sixty-five new members and they were still coming in.

In an effort to recruit membership for the South Carolina State Employees' Association, a special membership campaign was conducted during the month of October, 1975. A recruitment letter over the signature of the State Commissioner of Mental Health, two brochures and an application for membership was distributed to each employee during the campaign. As a convenience to employees, they were allowed to pay their dues by payroll deduction for the pay period ending October 16, 1975. This campaign caused the Association to realize an increase of approximately 100 members. The payroll deduction proved to be so successful that it is now offered to employees throughout the year.

Personnel Services and Records Activities

During the fiscal year 1975 - 1976, twenty-five five-year service emblems, ten ten-year emblems, five twenty-year emblems and two thirty-year emblems were awarded to employees of the Division of Administrative Services.

This increase in services emblems awarded is due primarily to a revision in the service award policy effective in January, 1976 in which employees were granted retroactively emblems based on total service with the Department rather than continuous service.

A total of 817 persons were terminated during the fiscal year 1975 to 1976. The annual rate of turnover, based on an average of 4,182 employees was 19.53%. This represents a 6.86% decrease in turnover.

Personnel Actions involving employee changes totaled 1,605 as follows:

Promotion	315
Reassignment	241
Transfer	87
Demotion	18

Leave Without Pay	236
(Including Maternity LWP)	
Educational Leave	23
Change in Name	116
Change in Hours	188
Position Title Change	7
Salary Adjustment	6
Extension of Probationary Period	17
Merit Increases	15
Reclassification	96
Position Status Change	2
Reinstatement	7
Return from Maternity Leave	94
Return from Educational Leave	26
Miscellaneous	111
TOTAL	1,605

EMBALMING

Patient population decreased during 1975-76. So did the deaths within the facilities. There were 337 deaths during the year; 89 less than the previous year. Of the deaths this year only 28 were autopsied and embalmed at the Department for the receiving funeral homes.

MESSAGE CENTER

The Message Center, designed to be a central personnel - patient locator and information center, phased out most of its operations during the year. Facility information centers assumed the patient locator and the Personnel Branch handles personnel inquiries. The change from PBX to Centrex telephone system eliminated the need for telephone operators and therefore eliminated the need of a central information center.

The Department now has 1500 telephone extensions at an approximate cost of \$19,000 per month. Long distance service costs approximately \$5,000 per month.

GRANTS SECTION

The Grants Section has administered 51 grants during the 1975-76 fiscal year for a total of \$4,284,705. Fourteen of these were for Comprehensive Community Mental Health Centers. Community Mental Health Services also had twenty-six additional grants or contracts. South Carolina State Hospital had four grants; Crafts-Farrow State Hospital

had four; William S. Hall Psychiatric Institute had three and Alcohol and Drug Addiction Center had three.

FORMS MANAGEMENT SECTION

The most significant improvement in the Forms Management Section was the addition of automated equipment, a Model 500 Comp/Set manufactured by Varityper. This equipment cuts composition time considerably and allows wide variation in type sizes with keyboard control. During the year, the new equipment allowed us to sell as surplus property one Headliner and one Varityper. We retained one Varityper for certain types of forms work.

Other functions of the Forms Management Section continued to work smoothly and efficiently.

PATHOLOGY SERVICE

In the last fiscal year the total number of laboratory procedures shows an approximate 12.5% increase over last year's figure. This increase can be attributed to two factors, an overall 16% increase in resident-admission patients and a more comprehensive admission profile.

During this time, the laboratory has been making many internal improvements. We have been working toward a higher standard of safety, quality control, and a more comprehensive preventative maintenance program. In the last several months these programs have begun to materialize and show some distinct improvements in the laboratory service.

We hope to automate our electrolyte testing (Na, K, Cl, CO₂) in the next few months thereby increasing the automation of the bio-chemistry section. This will allow quicker service to the physician, cut operation costs, and further increase the standard of patient care. Improvements in the blood bank emergency facilities are in process at this time, necessitated by the increasing difficulty of obtaining whole blood in an emergency.

Overall, we feel the laboratory has had a good year with very helpful response from the administration to our requests for additional equipment and maintenance.

SOUTH CAROLINA STATE HOSPITAL

SUPERINTENDENT'S REPORT

The fiscal year 1975-76 was a year of realization and solidification of the gains recognized through initiation of the unit system. The effectiveness of the treatment programs increased. This was seen on further decrease in patients' population from 1,949 in June 1975, to 1,766 in June 1976, which is a decrease of 183 patients in spite of continued increase in hospital admissions. The turnover of patients was improved to the extent that the average length of stay for patients in the FY 1975-76, was 28 days. This indicates in itself that the hospital has an active treatment program which is a change from the so called long term custodial care.

There were problems for the hospital during this period. The new admission law continued to place a heavy drain on the hospital's resources. Patients were transported to all areas of the state, sometimes returning very late in the day after having traveled long distances and having had to wait in court or doctors' offices for long periods of time, which in itself was an imposition and to a certain degree detrimental to the patients and our staff. We recognize that the protection of civil rights is of utmost importance but feel that these rights could be protected at a much lesser cost to the patient.

South Carolina State Hospital also suffered as a result of a statewide reduction in budget. The budget cut was met with no deficit at year's end, but only through a freeze on all positions which became vacant during the year. This resulted in an imbalance of staffing in those areas which had a high turnover. It will be at least a year before the effects of this imbalance will improve.

In spite of the budget cut, the hospital was able to make gains in improving the physical facilities through the renovation of four of the older buildings; Allan, Saunders, Cooper and Preston. In addition, other areas such as Leiber and Babcock Buildings were improved. The fire alarm and smoke detection system was completed for the whole hospital and even though some malfunctioning of this system will need to be corrected, this system adds to the patients' safety and meets accreditation standards.

In the FY 1975-76, there were 640 court cases admitted for observation, which is an increase of 87 from the past fiscal year. This increase necessitated adding one additional physician to this service.

The fiscal year 1975-76 has been a year of progress. Programs have been strengthened, facilities have been improved, and a commitment has been made to provide active psychiatric treatment to all patients.

We have taken full recognition of the right of each patient to adequate treatment and will pledge our full resources toward continuing the hospital's progress.

The four geographical units established a community liaison worker with the different mental health centers.

The Aftercare Clinic as such is being gradually phased out and the aftercare is being reassigned to the appropriate mental health center. The main duty of this unit is presently supportive treatment to former patients in Project COIL (even this function might be reassigned to local mental health centers). The support of COIL from the medical standpoint is provided by the James F. Byrnes Clinical Center.

UNIT I

Goals Accomplished:

Establishment of well functioning treatment teams with the team approach for patient care of all wards of Unit One with full cooperation of the individual disciplines.

Patient census decrease from 610 patients on July 1, 1975, to 518 patients on June 30, 1976; total patient decrease being 92 patients.

Continuous revision and reorganization of treatment modalities rendered to the patients.

Due to increase of the staff of Activity Therapy Services, recreational activities during the afternoon and evening hours were made available to the patients of all wards including frequent field trips to the community and surrounding areas to enhance resocialization and to prepare the patients for reentry into the community.

Social Work Service and Psychology Service intensified communication with the Community Mental Health Centers, Task Forces, etc.

Due to the increased rate of male admissions, an extension of the Male Admitting Ward 200 was created on Ward 300.

Vocational Rehabilitation Services rendered services to over 321 patients referred by Unit One Treatment Teams; 118 patients had a rehabilitation plan completed; 163 patients were referred or transferred to local community Vocational Rehabilitation Offices in the State; over 66 patients were involved in some aspects of job placement; 151 patients received vocational and educational evaluation, and 72 patients participated in Home Economics and Consumer Skills Program.

Social Work Service was capable after intensive evaluation and screening to place 50 patients into boarding homes and alternate care facilities. This comprised mostly patients from the chronic, long-term, institutionalized patient population.

Goals for the 1976-1977 Fiscal Year:

Further decrease of hospital patient population due to treatment team approach, however, after the medical model.

Proposal for creation of a new program for Male Wards 130, 230, Parker Annex, to be called "Step-Up." This program will serve a patient population that consists of a homogeneous group of men from all catchment areas whose personal hygiene and social skills are deficient due to long-term institutionalization. The goal for these patients is to find placement in boarding and nursing care facilities.

Changes in physical condition of Ward 108 proposed already two years ago. The goal is to create a basic program for severely regressed patients as well as an intermediate program. Both programs are presently located on Ward 108.

Improvement of the physical condition in the dormitories of the Admission Wards, primarily the creation of more privacy of the sleeping areas by partitions that permit supervision and at the same time create privacy.

The separation of the medicine rooms from the nursing stations on all wards.

The start of a pilot program for the problem oriented record and the proposal of a change to the problem oriented record by January 1, 1977.

UNIT II

Goals:

At the beginning of the fiscal year, 1975-1976, the hospital's Unitary System had been operational for about a year. The broad general goals of the unit were ones of refining, solidifying and upgrading our administrative structure and organization and to provide increasingly high quality patient care. In order to achieve this, we set as our more specific goals the following:

- (1) To continue to re-evaluate and strengthen treatment programs to insure that they meet the criteria for sound psychiatric care and are meeting the needs of the patients.
- (2) To broaden the experience and skill of our present personnel through Unit in-service training and providing for participation in national and regional disciplinary meetings and workshops. To seek to constantly upgrade present and future staff.
- (3) To develop a Unit II Policy and Procedure Manual for the use of present staff and to aid in the orientation of new staff.
- (4) To establish a research Committee to evaluate treatment and treatment programs within the Unit and to set up an on-going treatment evaluation procedure.

How Well Accomplished:

The goals as enumerated above have been accomplished for the most part. Some in full and effectively, some in part and some perhaps not at all. This mixed picture results from several uncontrollable factors, i.e. staff turnover, insufficient staff in certain areas and the inaccessibility of funds to establish and implement these goals.

Staff cohesiveness has been maintained through the refinement of a Unit organizational structure which defines lines of authority and responsibility; the holding of regular Unit II Staff Meetings to maintain communication; and the continuous up-grading of the treatment of patients as planned in the interdisciplinary treatment teams for each ward program.

How Accomplished:

- (1) During this fiscal year the Unit established a Programs Committee to insure continuous monitoring of all treatment programs. This committee evaluates, revises and makes recommendations to the Unit Advisory Board and to the Unit Director in regard to updating treatment programs and evaluating their effectiveness in meeting the needs of our patient population at any given time.
- (2) Unit II continues to involve every patient in a ward treatment program. All disciplines are involved in providing specific services to the end of an integrated treatment program and at the same time, an individual treatment plan based on a patient's needs.
- (3) The effectiveness of the treatment of our patients is reflected in the reports of the respective treatment programs and the continued drop in our census. The A & D Sheets reflect that from July 1, 1975 (census 488) to July 30, 1976 (census 400) there has been a reduction of 88 patients. The total admissions for the same time period were 868 and discharges 901. This represents a net loss of 33 patients. This figure represents the highest net loss for the adult psychiatric units. It should also be noted that this reduction in census included 47 long term chronic patients, representing a minimum of 450 years of hospitalization.
- (4) A small beginning has been made to establish some research to evaluate treatment and treatment programs and to set up an on-going evaluation procedure. The Programs Committee has had some consultation in this matter.
- (5) Because of budgeting limitation, in-service training on the unit level has been minimal. However, representatives from all disciplines have participated in in-service training provided by the Department of Mental Health and by the respective disciplines.

In addition to this, many individuals interested in their own professionalism, have participated in seminars and workshops at their own expense.

Goals:

- (1) Unit II recognizes the need to improve staff understanding, to develop facility in writing and the implementation of the Treatment Plan, a most important tool in the delivery of service. To achieve this our goals are:
 - (A) To plan and conduct a Treatment Plan workshop to be led by someone who has had extensive experience in developing treatment plans.
 - (B) To establish an audit format and methodology for continuous appraisal of the quality of our treatment plans.
- (2) We are acutely aware of the fact that as our census has been reduced, so have the number of wards available for treatment programs. This has mitigated against the development of smaller ward treatment units in which programs would be more defined, more specific and would become more viable in meeting the needs of our patients. In regard to our problems with available space for patients and other unit needs, our immediate goals for the ensuing year are:
 - (A) To provide separate wards for the newly admitted patient and the acute treatment programs.
 - (B) To provide for indoor recreational activities and more activity areas for Unit II patients.
- (3) It is hoped that we can continue to upgrade our staff-patient ratio, particularly in the more critical areas of nursing and chaplaincy.
- (4) To continue to maintain and strengthen our working relationships with the four (4) Mental Health Clinics and other community resources in our catchment area toward the end of reducing recidivism.
- (5) To pursue the beginnings made by the Programs Committee in setting up and implementing a research design for the evaluation of the effectiveness of treatment programs.
- (6) To follow through on the unmet goal of the previous year in terms of developing a Policy and Procedure Manual for the Unit. It has become clear that it is perhaps more feasible to develop discipline manuals rather than to attempt an overall Unit Manual.

UNIT III

Unit III of the South Carolina State Hospital has continued to serve patients from the eight coastal counties of Charleston, Berkeley, Dor-

chester, Beaufort, Jasper, Colleton, Hampton, and Allendale. We have worked closely with the community mental health centers and their satellites. We have also worked cooperatively with many other agencies, state and private resources in striving to meet the needs of our clients.

Goals for July 1975-June 1976

(1) The goals of our unit have remained essentially the same. We have strived to insure all patients an equal opportunity for quality treatment, care, and rehabilitative services without regard to race, color, creed, sex, or national origins.

(2) We have tried to provide a constantly improving physical and psychological environment along with a variety of therapeutic interventions and modalities to enhance the level of care and treatment. During the past year there have been many major physical plant improvements that have enhanced the potential of general treatment programs, as well as the individual therapeutic approaches tailored to meet the needs of each specific person in care. Our broad spectrum of treatment services has included: Chemotherapy, Individual and Group counseling, Group and Individual Psychotherapy, Family Therapy, Activity Therapies, Adult Education classes, Religious counseling, and Vocational Rehabilitation services. Ward treatment modalities involving Reality Orientation, Behavioral Therapies (Token Economies, Primary and Advanced Social Learning Programs) and Milieu Therapy have been used in obtaining, partially or fully, the various goals of our unit. Our program was enhanced further during the past year by several Family Planning Seminars for patients and staff, that we hope will be an on-going effort on the unit.

(3) Social Workers have continued to meet with community resource personnel on a monthly basis to plan and develop aftercare programs for patients. These meetings have taken place monthly at the hospital and in the community.

Census Figures and Appropriate Statistics

(1) Unit III had 225 patients on July 1, 1975 and since that time until June 30, 1976 admitted 156 patients, including 96 males and 60 females, discharged 315, 187 male and 128 female with a readmission of only 195, 119 male and 76 female, which accounted for 351 of our total population. Our readmission rate for the year was 39% based on regular discharges granted for the fiscal year 74-75 and 75-76. Although the readmission rate is up significantly, we feel this is largely attributable to the new mental health laws which require emergency admission patients to have a hearing before the probate court within fifteen to eighteen days after admission. This has basically resulted in some patients being released

prematurely and then returning to the hospital again within a brief period of time.

(2) Bed capacity has been reduced in the Unit by 44 which has resulted in a reduction of bed space from 334 to 290 which has improved our environment in the patient living area.

(3) During the past year the following statistics are offered regarding percentages of patients involved in various therapeutic modalities:

- a. 55% were involved in Activity Therapy Service referrals
- b. 50% were involved in Group Therapy
- c. 15% were involved in Individual Therapy
- d. 75% were involved in Ward Groups
- e. 60% were involved in Individual Counseling

(4) In the past year 200 patients have been referred to Vocational Rehabilitation. Many of these have been referred more than once but in record keeping by Vocational Rehabilitation can be counted as one client regardless of number of times referred.

(5) During the past year 13 patients were placed in boarding home facilities which represents an increase of 11 over the previous year. Eight patients were placed in the COIL project residential program, and 2 patients were placed in independent living situations. We have also made extensive use of the day program at COIL project, placing 7 patients from Unit III.

(6) There were 15 community trips taken with a total of 215 patients involved.

Future Goals of Unit III

The following goals have been listed as those that the staff of the Unit would like to achieve during the time period of July, 1976 to July, 1977:

1. Continued community involvement in working with families, alternate care placement, discharge planning, etc.
2. Provide In-Service Education for all staff members of Unit III.
3. Provide more off-campus activities for patients.
4. Continued ways to improve the environment in the Unit.
5. Initiate an "Activities of Daily Living Program" in the Unit.
6. Continue Family Planning program for Unit patients.
7. Continue seeking and encouraging more active participation by nursing personnel in treatment teams and staffings.
8. Provide appropriate and adequate documentation in patients' records.
9. Supervisors and R.N.'s serving on committees, providing In-Service and refresher courses for nursing personnel, to keep abreast of changes in nursing trends.
10. Unit personnel will work together to help patients prepare for

discharge and coping with problems encountered outside the hospital.

In conclusion, we have made positive strides in our treatment program. In the future we plan to make alterations in programs that would be compatible with better patient treatment and patients' needs. Our staff-patient ratio has increased in some areas, but we still need to increase staff, particularly in Nursing Service.

UNIT IV

The primary goals for Unit IV as it was previously, was to render better patient care.

A female admission ward, consisting of twenty (20) beds, was established in the unit. This procedure was in continuity with the previously established male admission ward of twenty (20) beds.

The security ward for the hospital, which had previously been in Unit IV was discontinued. This allowed all personnel to concentrate on treatment for Unit IV patients only.

During the period in which buildings were being renovated for the unit, patients had to be placed on wards outside of the unit area. It is anticipated that all Unit IV patients will be returned to the regular wards in Allan and Saunders Buildings by August of 1976.

A program committee was established in the unit so that we might make consistent, coherent plans in establishing treatment programs and also to formulate suggestions on how to improve our current programs.

We have endeavored to continue to have regular visits to the mental health centers and clinics served by the unit and to have staff and clinics come to the hospital for consultation and coordination, usually on a weekly basis. This, however, was curtailed during part of the period of time covered in this report because of budgetary restrictions on travel. There have, however, been several joint workshops with various agencies in the community and, where indicated, staff have visited with various agencies in the community. There has, however, been a change in focus to let the local mental health centers deal directly with the agencies because they are better able to establish communications on a local basis.

The unit has established a community liaison worker assigned for full time boarding home and alternate care placement for our five (5) boarding homes ranging in size from five to fifty (5-50) beds now being used by our unit for placement of patients. There has been approval for Title XX (Title Twenty) funds for use of foster homes in the Horry-Georgetown-Williamsburg area. We have been doing boarding home consultations in all counties served by our unit. We have been working

very closely with COIL Project to provide training for patients in coping with community problems that they will face upon release from the hospital.

The Physicians and In-Service Education has continued to meet bimonthly in the unit. At these meetings the major emphasis is on current journal articles or current psychiatric educational tapes.

Social Service in Unit IV has established meetings every other week which are designed as in-service training sessions for social services. Social Service in Unit IV has continued to serve as a field instruction site for the training of graduate social workers attending the University of South Carolina College of Social Work.

Nursing Service employees have been involved in in-service classes to develop better nursing skills and documentation. Some have completed in-service courses in pharmacology. They have attended classes offered by the In-Service Staff Development. They are being taught a course on documentation and have been taught to write detailed discharge summaries. Nurses have been involved in workshops, classes and special programs in continuing education. The chief psychologist in Unit IV has been meeting weekly, individually, with clinical counselors in a training program.

A reduction of census in the unit during the fiscal year 1975-76 was accomplished in the male patient population. This population went from one hundred ninety-two (192) male patients to one hundred sixty-eight (168) male patients. Despite attempts to make reductions in the population of female patients, there was an increase from one hundred thirty-two (132) female patients to one hundred fifty (150) patients.

The ceilings have been lowered and better lighting fixtures established in Saunders and Allan Buildings. Central air-conditioning and heating is being installed. A wheelchair ramp was added to the front of each building. The outside trim of both buildings has been repainted in selected color schemes. Activity Therapy has acquired new and much needed equipment for the patients. Among the equipment which was obtained were two (2) pianos.

The lobbies of both buildings were enlarged and improved in appearance. A new garden was established in the rear of the Allan Building by and for the Unit IV patients.

A weekly physicians' and nurses' meeting was established. There was an addition of another meeting per month of all unit personnel so there are now two meetings per month. Chief of Psychology for the unit meets each week, individually, with his staff.

We presently have seven psychology personnel, five physicians, eight social workers, one chaplain, three vocational rehabilitation counselors

and four activity therapy counselors. There are also a total of approximately one hundred eighteen nursing personnel in Unit IV.

We have had an addition of three nursing supervisors and one additional nurse has joined our staff. We lost four staff nurses and have three staff nurse vacancies.

BYRNES CLINICAL CENTER

Our desire remains and continues to be, a continuous effort to improve our out-patient, in-patient treatment center in regards to medical-surgical services at the South Carolina State Hospital in as many ways as we possibly can from day-to-day, month-to-month and year-to-year.

We were granted two (2) years of accreditation two years ago. This will be coming up for repeat survey for accreditation the last of August this year, 1976. There has been considerable improvement in some categories in regards to our service and treatment of patients and in a few categories we have not done too well. It appears, that our most urgent need is in the Nursing Personnel Department. We have had tremendous trouble in obtaining Nursing Personnel and apparently this is a continuous problem. It appears we have lost several key nursing people during the last year and have been unable to replace them.

In regards to Ward 528 West, the ward has been generally overcrowded the majority of time during the past year. We have had to isolate tuberculosis patients on ward 328 due to an unusual number of tuberculosis patients, especially for reverse isolation patients and for diagnostic purposes due to this overcrowded status on Ward 528 West. Along with the closed wall separating 528 East and 528 West, this crowded patient-load situation has created an unusually bad attitude and lack of desire of the patients to improve themselves along with poor morale and appears to be demeaning to these patients and apparently gives them a lessening of incentive to try to improve themselves, both mentally and physically. In plain terms, these patients deserve better living and housing facilities.

There continues also to be a great need in medical-surgical service for an intensive care unit, in regard to cardio-respiratory conditions. We also need an Emergency Room equipped and staffed, for which the need seems to be more and more, year-by-year, with escalating numbers of patients and employees for diagnosis and treatment as seen and treated in the Emergency Room. The Nursing Service on Ward 228, Byrnes Clinical Center, has quite a handicap that detracts and removes key personnel from the surgical service in order to take care of Emergency Room work. Our Emergency Room service for employees is tremendous, as well as for patients.

We have added a datascopes monitor-defibrillator to our Operating Room equipment, as well as installing a cystoscopy room in the Surgery-Operating Room facilities. This was moved from the x-ray department on the 1st floor of Byrnes Clinical Center to the Operating Room suite. Our Operating Room performed 500 operations, 876 procedures, 5 deliveries with 405 anesthetics during the past year.

There have been 15 new employees and 7 transferred in from other units on Medical-Surgical. However, we lost 26 employees by reason of retirement and six have transferred to other units. This reveals a handicap in our Nursing Personnel Status. Our Nursing Service has a chronic urgent problem in filling places of service on our wards to give adequate nursing attention to our patients. There just really is not personnel enough to spread around in places of need to adequately do work needed for really efficient patient care.

Due to the freeze in our budget, which is in effect at this time, there is much needed equipment that has not been requisitioned and some that has been requisitioned. Some equipment unable to deliver that was supposed to be delivered, such as air conditioning on Ward 528, which appears to be awfully slow in regards to installation and performance, that is, it is way overdue in being installed.

In regards to personnel, we certainly need a physical therapist. We have needed one for a prolonged period of time. Also, a part-time podiatrist is needed badly. Also, a full-time social worker for medical-surgical, and our convalescent medical-surgical annexes, as well as the real need as previously mentioned of numerous added nursing personnel and aides, that is now approaching the critical state.

The Nursing Personnel, as well as other personnel in our medical-surgical facility are continuously attending workshops and in-service training and post-graduate training in order to improve our patient care with real accountability. This is also true of our medical-surgical physicians.

Our Dental Department appears to have adequate personnel and adequate equipment and does a really good job in performance and accountability in taking care of our dental requirements for our patients. They do a tremendous volume with excellent performance and accountability.

Our EENT Clinic has done a tremendous job in part-time medical capacity, taking care of our needs in this department for patients and employees.

Our Laboratory also performed a tremendous job in performance and accountability with a 12½% increase over last year's production. They have had some improvement in performance. We lost some employees and gained some employees who appear to do a really good job. We feel

we have attained a high standard of safety-quality control and a really comprehensive preventive maintenance program. We are attempting to attain more automation of the biochemistry section as well as to improve the production for the physicians for the standard of patient care. We have also improved our blood bank emergency facilities and equipment. We feel our Laboratory does an unusually good job in complete laboratory service for our patients as well as employees.

Our State Hospital Pharmacy Service has been unusually good this year with a heavy workload with an increase of 454 requisitions per day. It appears that this service does an excellent production job with excellent accountability, as well as excellent safety controls.

Our X-ray Department has also shown excellent production and accountability. There have been no significant changes in personnel, nor equipment as such, during the past year.

Our personnel, technicians, have attended annual conventions and several seminars as well as in-service training during the year. We greatly appreciate the performance of our medical-surgical unit in its entirety during the past year, and will continue to cooperate with the best possible safety, efficiency and with environment and working conditions that will make for total unity, conducive to an overall status of real integrity.

AFTERCARE CLINIC

Beginning in December 1974, the Aftercare Clinic assumed responsibility for providing psychiatric outpatient care and other supportive services to the COIL Program. Since then the Aftercare Clinic's case load has been limited to the following categories of patients:

- A. South Carolina State Hospital patients placed in Columbia Area alternate care facilities (group care and family care homes) by Aftercare Clinic Social Service Staff.
- B. COIL residents during their period of residency and for a transitional period following their separation from the resident program.
- C. A small group of patients (ten) who have been unable because of special circumstances to utilize community based programs.

The Aftercare Clinic Staff works as a team and the current Staff consists of a part-time psychiatrist who is director of the treatment program, a part-time nurse, two full-time social workers and two full-time secretarial/clerical positions.

The overriding goal of the South Carolina State Hospital Aftercare Clinic is to provide quality outpatient services that are consistent with the standards set forth by the Joint Commission on Accreditation of

Hospitals. This involves using a team approach to either provide directly or to make arrangements for a spectrum of services that will assist and enable the individual patient to reach his maximum level of functioning in the community setting.

CHILDREN AND ADOLESCENT UNIT

The Child-Adolescent Unit is a 45-bed inpatient psychiatric unit created with the support of a Department of Health, Education and Welfare Hospital Improvement Grant. The program provides short term intensive care for children and adolescents with severe emotional and behavioral problems.

During the fiscal year 1975-76, 233 patients were served by this unit. The average length of stay was 39 days. Children and adolescents with all types of problems are included in this number as reflected by the following statistics:

1. MR	7%
2. OBS	2%
3. Thought Disorder	10%
4. Personality Disorders	18%
5. Drug-Related Program	7%
6. Behavior Disorders	53%
7. No Mental Disorder	4%

As is reflected in the following statistics, 43% of all admissions are for 15-day evaluations.

1. Voluntary	48%
a. Status changed from emergency or family court to voluntary	5%
	<hr/>
Total	53%
2. Family Court	23%
3. Emergency	
a. Released by Court	20%
b. Judicially Committed	8%

The school program which has been an integral part of the effective functioning of the Blanding program also continued this year. Through Richland County School District I, five full-time special education teachers are employed. In addition, a full-time speech therapist and two prevocational teachers are also part of the staff. In our effort to upgrade the services provided by the educational component, teacher aides were assigned to each academic class to assist the teachers and to provide additional attention to the children. Also, many new teaching aids were purchased in an effort to upgrade the facilities.

A psychiatrist from Augusta was hired as consultant bimonthly. His

function consisted of discussing cases with the staff to broaden their knowledge of pathology and methods of treatment.

In addition, the Psychology staff was exposed to an intensive seminar on the Reitan Battery. The knowledge of the use of this battery will help to serve the children and adolescents of this unit as it will provide a sophisticated method of assessing organic involvement in psychopathology.

DEPARTMENT OF ADMINISTRATIVE SERVICES

The Department of Administrative Services has the responsibility of providing support services to the hospital's treatment programs. These services include Medical Records, Supply and Services, Food Production and Serving, Engineering, Transportation, Housekeeping, Security, as well as budgeting and overall financial analysis. Many demands have been placed upon this department as the hospital has attempted to keep pace with ever stricter accreditation standards, more sophisticated treatment programs, and heightened expectations as the hospital has progressed to a true psychiatric facility with active treatment programs and demands for quality. Every division has experienced some measure of impact due to increased demands for improvements in the environment, in medical audit, records, and documentation, in dietary services, and in financial management. As these demands increase, it appears that the future roles of this department will become more sophisticated and will require, not necessarily more personnel, but better training and management methods.

FIRE AND SAFETY

Fifteen fires occurred during the fiscal year. Estimated damage of these fires was \$0.0 to \$450.00, with a total damage of \$2,207.89.

Eighty-four new aides attended the six classes which were held at Inservice Training on Emergency Evacuation; also, films pertaining to Emergency Evacuation due to fires were viewed. How to use the fire extinguishers and the type extinguisher to use on different classes of fires was discussed and actually used on fires. The film and demonstrations were presented by instructors from the Columbia Fire Department.

Automatic sprinkler bells were tested each month and those found not to be in good working order were reported to Engineering for repair. The sprinkler systems were also flushed at the test valves every three months.

Practice fire drills were held on each ward during the morning or afternoon shift every three months for a total of one hundred eighty-four drills. A discussion with the night employees on procedures to be

followed by all personnel discovering a fire was also held on each ward every three months totaling one hundred and sixty discussions. All practice drills and discussions came to a total of three hundred and forty-four. All areas were inspected at least monthly for fire and safety hazards.

All of the standpipes and fire hydrants were flushed every three months. The carbon dioxide fire extinguishers were weighed twice during the year (August 1975 and February 1976). All fire extinguishers (carbon dioxide, dry chemical, and water pressurized) were checked on each monthly inspection.

The Greater Columbia Area Hospital Safety Council Meetings were attended by the Safety Coordinator each month.

REGISTRAR DIVISION

The big boost for the Registrar Division was the complete renovation and painting of the area. Some areas were divided with colorful partitions with matching drapes. New furniture was added along with plants, pictures, and various accessories. We have received favorable comments about the improvement of our area. The work load for the Registrar Division remains heavy as there has been no relief from the new and revised laws, which has made it necessary to assume many additional duties within this section. Although we have experienced a steady decrease in the daily census, the number of admissions and dispositions have increased, especially emergency admissions.

Admissions and Dispositions Branch

The Admissions and Dispositions Branch is still hard pressed to accomplish the additional work load generated by the new Mental Health Laws. There are no controls on the time of arrival of new admissions; therefore, staffing patterns for personnel are extremely difficult. Most of our admissions arrive during the afternoon and evening hours. The total number of admissions during the fiscal year were 3,535; of this number, 803 were voluntary admissions, 2,009 were emergency admissions, 36 were judicial admissions, 638 were committed by court order, and 49 were classified as other admissions. The high percentage of emergency admissions require tremendous numbers of trips to the community to complete the judicial commitment process. Many times patients leave the hospital during early morning hours and are not returned until late afternoon or evening hours. We receive numerous complaint reports from nursing personnel regarding problems encountered both in management of the patients while on trips and last minute changes in schedules. The Probate Courts schedule these trips; therefore, the hospital has no control over when such trips are to be made

resulting in problems for transportation and employee staffing. The total number of trips made during this fiscal year were 2,291, to examinations and hearings in the various counties.

Tours

We still receive numerous requests for tours of the hospital. Most of these requests come from student and professional groups. Most requests for tours come from October through April. The total number of tours were 4,321.

Medical Records Branch

Work on the microfilm program began this year by consolidating all records pertaining to a patient together. This program is quite time consuming and is expected to last for several years.

Transcription Branch

During this fiscal year there has been an even flow of dictation thereby preventing the backlog of dictation. This area is still in desperate need of newer and more effective dictating equipment. The total number of belts dictated was 8,303, which was an increase of 375 over the previous year. The total number of belts transcribed was 8,180, showing an increase of 308 over the previous yearly total. Those belts dictated outside of the Transcription Branch totaled 927.

Court Section

Most of the court admitted cases are now being assigned to the Stoney Building, located at the Central Correctional Institution, upon admission. The work in this area has increased because of the reduced observation period and requirements in complying with the revised mental health laws.

SUPPLY AND SERVICE DIVISION

During the year, the Office of the Chief, Supply and Service Division and the Hospital Supply Branch were moved to newly renovated facilities. The storage and movement of expendable supplies has been greatly enhanced by providing adequate shelving and aisle space; eliminated an elevator, which was a constant source of frustration, loss of time and effort, and simply retarded any development of a really efficient operation. Another great improvement fostered by this move was in obtaining truck ramps of the right size and height. Plans are currently in the making to renovate the old Ice House into a two-level storage facility for equipment. Currently items of equipment are stored in six separate locations, none of which have truck ramps. This situation is a severe

adversity to the overall efficiency of the operation of the Hospital Supply Branch and renovation should be accomplished as soon as possible.

There was a continued effort to improve furnishings and appearance of wards, day rooms, visitors' areas, recreation areas, and offices during the year. The austerity program in effect throughout the year naturally hampered these efforts but everything possible was accomplished within our limited financial resources including the utilization of supply personnel to assist in the renovation of furnishings.

Goals were met in improvement of quality and quantity of laundry service. During the year, a total of 2,367,991 pounds of soiled linen and clothing were laundered. Of this total, 1,328,925 pounds were laundered on the hospital campus which constituted 57 percent of the total laundry requirements. The quality of laundry work performed on campus was significantly better in comparison than that of the Central Laundry. The cost of laundry done by hospital personnel after all expenses, including labor, amounted to 5½ cents per pound. The Central Laundry charges 9½ cents per pound for their work and consequently, the work performed at the hospital effected an actual savings of \$53,157.00 during the year. Facilities and equipment should be provided to enable this hospital to accomplish all of its laundry requirements. It has been proven in the past two years that hospital personnel can do better quality work than the Central Laundry with less expense.

All other activities of the Laundry and Dry Goods Management Branch were accomplished in an adequate manner. More attractive and better quality clothing has been issued to most patients who have campus privileges. This program had to be curtailed last year to some extent due to a lack of funds. Drapes for the hospital are manufactured by this Branch and are 98 percent completed.

Total gross sales by the Canteen including vending and store operations for the year were \$371,293.80, an increase of \$28,916.91 or 8.4 percent over last year. Store gross sales were \$171,653.55, up \$13,469.92 or 8.5 percent. Vending gross sales were \$199,640.25, an increase of \$15,446.99 or 8.3 percent. Profits in both operations are up by \$3,197.49 or 9.1 percent in comparison with the previous year. The increase in gross sales as well as profits is affected by inflation to a great extent but there has been some increase in business as well. The physical facilities of the Canteen Store Building are grossly inadequate in most every respect and a new facility should be constructed without delay.

FOOD SERVICE

The Food Service Division endeavors to prepare and serve wholesome, attractive foods to patients and employees. The division is composed of a qualified Food Service Director, two Registered Dietitians, qualified Food Supervisors, and supportive personnel.

The Recommended Daily Dietary Allowances (RDA) compiled by the Food and Nutrition Board, National Research Council-National Academy of Sciences, is the standard used to evaluate the nutritional adequacy of the meals served.

Notable improvements in the area of staffing during the year included the registration of an employee by the American Dietetic Association, thus increasing the staff of Registered Dietitians to two in number. A Registered Dietitian was added to the membership of the Medical Records Audit Committee.

Notable physical improvements included the following:

1. Remodeling of the serving line at Preston Building dining room was completed.
2. Renovation of the Babcock Unit I dining room was begun.
3. Trays and individual serving dishes were purchased for use in all dining rooms except Babcock.

Regular meetings continue to be held to discuss menus. This committee is headed by the Food Service Director and its membership is composed of representatives from Purchasing Division and all facilities serviced by the Food Service Division.

SOUTH CAROLINA STATE HOSPITAL

Regular Diets to Patients	1,558,852
Special Diets to Patients	355,346
Regular Diets to Employees	310,201
Special Diets to Employees	10,841
Guest Meals	546

COLUMBIA AREA MENTAL HEALTH CENTER

Regular Diets to Patients	4,979
Special Diets to Patients	120
Regular Diets to Employees	20,342

JOHN M. FEWELL PAVILION (LTC)

Regular Diets to Patients	38,050
Special Diets to Patients	119,199
Regular Diets to Employees	24,805

E. ROY STONE, JR. VETERANS' HOME

Regular Diets to Patients	77,028
Special Diets to Patients	50,505
Regular Diets to Employees	22,309

Special Diets to Employees	420
BYRNES AND WILSON	
Regular Diets to Patients	113,927
Special Diets to Patients	159,870
WILLIAM S. HALL INSTITUTE	
Regular Diets to Patients	89,130
Special Diets to Patients	10,035
Regular Diets to Employees	86,816
Special Diets to Employees	392
Guest Meals	510

ENGINEERING DIVISION

The Engineering Division is charged with the responsibility of maintaining all hospital property and of insuring that the patients are housed and treated in a safe physical environment. This is a tremendous challenge in view of the very old buildings now being used and the destructive nature of the patient population. During the Fiscal Year 1975-76, the Division attempted to systemize the preventive maintenance function through the use of computerized maintenance schedules. This appears to be progressing very well and holds much promise. We have set a goal of avoiding costly repairs through the use of preventive maintenance and fixed responsibility for the upkeep of all equipment and structures.

The Division undertook a major project in the renovation of the Allan, Preston, Saunders, Cooper, and Lieber Buildings. These structures were air-conditioned and heated through a contract with a private firm and concurrently were renovated, modernized and humanized by the Engineering Division. Some of the improvements were improved lighting, installation of more aesthetic floor tile, separation of the beds by partitions and lockers, and removal of heavy steel grills at the nurses' stations. These buildings are now much more suitable for patient treatment and positive gains are already being experienced in the treatment programs.

In addition to the renovations, all patient care areas were surveyed for needed repairs, painting, and other maintenance, and it is hoped that this can be kept current. In the future the Division plans to schedule all such maintenance so that each area is painted and maintained on a set schedule, thus most effectively utilizing Engineering resources.

SECURITY DIVISION

The Security Division experienced a heavy work load this past year. There were some resignations that have resulted in some new person-

nel. Special assignments resulted from officers transporting Court committed patients to the various county Probate Courts in the State. During the year, 581 Warnings and 86 Summons were issued for Parking Violations. In addition, there were 41 Warnings and 30 Summons issued for Moving Traffic Violations on the hospital campus. A total of 40 Traffic Accidents were investigated. Of this total, 35 occurred on the campus and 5 away from the campus. The leading cause of the accidents was Improper Backing, resulting in 22 Accidents. Twenty-two Departmental vehicles were involved in these accidents, and 18 were at fault. Due to the trips about the State, this Division traveled a total of 146,661 miles on the trips and on campus, and was involved in a total of 6 Accidents, involving 7 Division vehicles.

During the year a total of 6,194 calls were answered by the Division. These calls involved transferring patients, apprehending LWP cases and patients who had been drinking, traffic problems, prowler calls, bank deposits, visitor and employee problems. A total of 189 trips out of town were made. Additionally, a total of 744 cases were investigated, resulting in 46 Criminal Cases being made. They were for Larceny of Hospital Drugs, Larceny of other hospital property, Grand Larceny, Conspiring to Commit Grand Larceny, Larceny of Credit Cards, Violation of South Carolina Code Section 32-1030, Rape, Aiding in the Escape of a Patient, Assault and Battery with Intent to Kill, Possession of Marijuana, Possession of Illegal Weapon on a Hospital Ward, Disorderly Conduct, Public Drunk, Resisting Arrest, Trespassing, No Driver's License, and Reckless Driving.

Officers received training and educational material from ETV Police Training Class. Three new officers received on-the-job training and attended the 320 hour Law Enforcement Training School at the Criminal Justice Academy.

The Security Division made presentations at the Criminal Justice Academy on How to Recognize and Handle Abnormal People. These classes included approximately 570 Law Enforcement Recruit Officers from all over the State.

CRAFTS-FARROW STATE HOSPITAL

SUPERINTENDENT'S REPORT

Intensified efforts for identification and treatment of special patients have been made and a programmed treatment plan for each group established. This resulted in a continued increase in discharges from the hospital to alternate care situations or home. The hospital census was reduced by 210 during the year.

Hospital-wide programs were curtailed or severely handicapped by a shortage of personnel. Plans for a gradual increase in personnel to at least one-to-one patient-personnel ratio were nullified by budget cuts; Crafts-Farrow State Hospital remains over 300 positions short of this goal. Although these additional positions are needed to meet accreditation, medicare and medicaid standards, and to provide adequate care for patients, proposed additional cuts to our budget will seriously hamper our being able to meet necessary standards and maintain adequate coverage.

The new admission law actually handicapped our treatment of patients by requiring many nursing service personnel to be away from the hospital to escort patients to hearings all over the State. This constant traveling also placed a considerable burden on the Transportation Section (staff and vehicles); Security Division and Registrar Division.

We are continuing major efforts to correct deficiencies in safety and to provide better facilities for patient care. Although two buildings housing patients were renovated, more than 400 patients continue to be housed in completely inadequate facilities. In addition, overcrowding of patients continues in most of the buildings. Only three buildings, two of which are in the medical area, have adequate space for patients. Construction of a proposed 300 bed ICF type facility would be required to relieve this overcrowding and move patients out of inadequate buildings (not considered suitable for renovation for care for patients).

Office space has been considerably improved by completion of an annex to the administration building and construction of a post office-canteen complex. However, in the patient residence buildings, office, activity and treatment space is inadequate or non-existent; in none of these areas is it possible to provide a modicum of rest areas for employees.

Medical Audit and Evaluation Section, in its second year of operation, has resulted in improved medical and nursing recording, as well as improved Social Service reports. With this section doing admission reviews, we are in full compliance with Medicaid, Medicare and PSRO requirements. With the help of Nursing Service, this section compiled a

special hospital-wide study of each patient in order to determine better alternate care and in-hospital placement of patients.

The hospital received a full two-year accreditation, chiefly through extra efforts of all personnel. The Accreditation Survey Team made it clear that future accreditation will depend upon improvements in facilities, better patient-staff ratios, reduction of overcrowding of patients, adequate work space for personnel and patient treatment, and in many buildings improvement in safety standards.

ADMINISTRATIVE SERVICES

During this fiscal year, the Department of Administrative Services was made up of seven divisions, to wit: Registrar, Supply and Service, Food Service, Engineering, Security, Housekeeping and Farm.

The Farm operation was closed down during this period because of the decreased benefits placed on farm labor in the rehabilitation efforts for older patients and the farms will not be in operation during the next fiscal year.

The different divisions that make up the Department of Administrative Services are responsible for providing a suitable and safe environment for the patients, making sure that the patients have an adequate and nutritious diet, providing proper and adequate supplies, maintaining proper patient records, and assuring that the hospital is operated according to governing State laws and the Department of Mental Health regulations and policies.

In October of 1975, Crafts-Farrow State Hospital was surveyed by a team from the Joint Commission on Accreditation of Hospitals and subsequently was awarded a two-year accreditation which is the longest award period given. Deficiencies were noted and an all-out effort was begun to correct those deficiencies within the budget limitations before the next survey. Approval by the Joint Commission is a "must," not only because unaccredited hospitals may lose Medicare and Medicaid federal funds, but because approval by the Joint Commission is the means by which the quality of care rendered by a hospital is judged.

During this fiscal year, several patient buildings were upgraded and renovated, notably Nos. 2, 3, 13, and 18, especially 13 and 18 which had extensive renovations. The new post office, canteen, and annex to the administration building were completed. The new heating and air conditioning system for the administration building was installed. In order to bring the administration building up to an acceptable level, in consistency with its function, additional improvements and renovations are greatly needed; for instance, a dropped ceiling to cover the exposed pipes, new windows and doors, and a new floor covering, etc.

The new admission law has had a profound impact on Crafts-Farrow State Hospital, both good and bad. While it protects the patient in many ways, it also exposes many patients to hardships which are inhumane and demeaning. Patients who are admitted, other than on a voluntary basis, have to be returned within a few days to their county of residence for examination by two disinterested examiners, and then make another trip back to their county of residence for a hearing by a County Probate Judge. In many cases, the patients are elderly, weak and unable to withstand the rigors of such shuttling back and forth.

From a purely economical viewpoint, it is extremely expensive for the facilities to bear the cost of providing the vehicles as well as the manpower required for the safe transportation of patients all over the state.

The Department of Mental Health suffered a reduction in State appropriated funds which has affected each facility. This means at Crafts-Farrow State Hospital that an appropriate and desirable ratio of staff-to-patient will not be attained, routine maintenance of equipment and buildings may slip, and hoped-for modernization (to include air conditioning) of several patient buildings may be delayed.

Crafts-Farrow State Hospital will continue to work within its budget while striving for improvements in all areas.

REGISTRAR DIVISION

The new commitment laws have been in effect since January 5, 1975. We are still experiencing many problems in complying with the laws. The new laws were designed primarily to reduce the number of emergency admissions; however, instead of decreasing, the number of emergency admissions has increased greatly. We crisscross the counties five days a week with some days as many as eleven different trips. With our type of elderly patients, this works a tremendous hardship on them; however, we managed to do all this traveling without any accidents which we believe to be outstanding performances by Engineering Service and Nursing Service.

Admissions and Dispositions Office — In addition to usual paperwork, A&D sheets, and visitor registration at Security Office, this office processed 1,910 incoming and outgoing patients with a total of 10 employees and a supervisor. This office is open 24 hours a day, seven days a week and serves as the Patient Information Service at Crafts-Farrow. They also back up Security by operating the mobile radio in emergencies.

Medical Records — This office manned by one supervisor and 13 other employees handles insurance forms, completes death certificates, types all Social Service histories and doctors' dictation which includes prog-

ress notes, histories, staff notes and final summaries. This office also furnished secretarial service where needed. We had two employees assigned to doctors on special projects which left eleven to carry on and fill in for other areas where needed. The tremendous amount of paperwork required by the government for accepting government money continues to increase. Even with the decrease in census since last year, the amount of documentation continues to increase and we have one survey after another.

This office still continues to pay the working patients every other Thursday. The number of patients on the payroll is fewer than last year and the amount of money involved is less. The time spent on this is approximately ten man hours bi-weekly.

Medicare-Medicaid — This office has two people who process the paperwork on Medicare patients. They must see that certificates are done on time and bills are submitted on time. We have approximately 400 patients on Medicare at a time and approximately 800 Medicaid patients. The Medicaid patients must be reviewed every 60 days by government regulations; however, our policy is to do this every 30 days.

Post Office — Personal Fund — This office has a total of three people who work very closely in handling Post Office accounts, mail, patients' personal funds; accept money for traffic tickets, meal tickets, utility bills, etc.; and deliver mail to some office areas in the hospital. Money orders total around \$800 per day and total money distributed to patients for personal use varies, from \$4,000 up. Certain hospital personnel are assigned to shop for patients who are not able to go shopping but can handle personal clothing, etc.; Social Security has authorized us to use the patient's Social Security money for the benefit of the patient in purchasing personal items, etc., with the exception of items which are normally furnished by the Hospital.

SUPPLY AND SERVICE DIVISION

The Supply and Service Department continues requisitioning, storing and issuing supplies to all areas within the hospital and to other facilities of the Department of Mental Health, including the Morris Village and Autistic Children's Center. Records on expendable and non-expendable items are maintained and inventories held periodically.

Approximately 30 patients are engaged in working positions to encourage them to participate in assignments to help them become more active and gain confidence in themselves. They are periodically re-evaluated and assigned to more or less responsibility depending on the results of the evaluation.

For the fiscal year 1975/1976 the Department of Corrections pro-

cessed 3,329,744.5 pounds of linen and clothing, at the rate of .095 cents per pound, for a total cost of \$316,325.73.

In the spring of 1976, the Canteen moved into a larger and more modern complex. Tables and chairs have been added in an enclosed area for the convenience of patients and employees. More vending machines of various types have been installed in Canteen and other buildings and are serviced regularly by the vending companies.

Sales for fiscal year 1975/1976 amounted to \$127,137.28, an increase of \$4,123.12 over the previous year.

ENGINEERING DIVISION

The Engineering Division has continued to exert maximum effort towards improvement of real property facilities and has placed emphasis on those projects having a direct bearing on safety, patient comfort, living conditions, and accreditation requirements. These efforts have entailed alterations and construction contracts, maintenance and repair contract work, and "in house" work by Engineering in maintaining, repairing, and altering facilities to satisfy requirements. Most notable among the projects involving combined Contractor-Engineering Division effort was the complete up-grading of ward buildings number 13 and 18. Contract work entailed the installation of new heating facilities, air conditioning, new windows, lighting fixtures, and drop ceilings. "In-house" work included repair and replacement of all doors and hardware, minor partition alterations and installation of open nurses' stations, employee rest rooms, and medicine preparation rooms, interior and exterior painting, replacement of shower and toilet stalls, and repair of plumbing facilities. Other new construction completed by contract during the fiscal year includes the new canteen and post office complex, addition of administrative annex to building no. 17, water booster pump facility to augment City water pressure within the hospital buildings, new and expanded vehicle parking areas to alleviate the dire shortage and congested parking conditions, and the installation of automatic doors at the North entrance to Sol B. McLendon Building to facilitate wheelchair traffic.

Many repairs and improvements have been made to existing ward buildings during the year. Selbatuf and Selbaclad floors in day rooms, corridors, showers and latrines in buildings no. 2 and no. 3 were renewed and walls were patched. Vinyl wall covering throughout all wards in the Sol B. McLendon Building were repaired or replaced, and severely damaged wall areas were repaired by installing prefinished hard board wainscoating. Bedside tables were repainted throughout intensive care wards. Open nurses' stations with adjoining medicine

preparation rooms were completed in all wards. A total of fifty-six (56) shower and toilet stall partitions were manufactured and installed to replace existing deteriorated, unsightly, and unsanitary partitions. Privacy screen partitions were installed in ward buildings 12, 13 and 18 to complete this accreditation requirement within the hospital. Small metal shelters were erected on concrete pads behind each ward building not having an acceptable soiled linen storage area; temporary storage of soiled linens in these storage areas facilitates ease of pick-up and relieves ward buildings of the associated odors. Wheelchair ramps were constructed at Davis Building to enable wheelchair patients to use the outside courtyards and improved stretcher ramps were constructed at Davis and Shand Buildings to alleviate the safety hazard in handling stretcher patients between building and ambulance.

A number of Orientation Boards, Bulletin Boards, pictures, hanging flower baskets, curtains and draperies have been fabricated, mounted, and hung in the various ward buildings, and protective coating applied to many areas throughout the campus to improve building appearance, patient orientation and comfort.

Our Preventive Maintenance Program has been followed to the extent possible during the year, and gradual but steady improvements have been made in upgrading the recurring tasks, frequency of task performance, and standard hours entailed. It was found necessary to overhaul the Marley Cooling Tower serving the Sol B. McLendon Building and replace fill racks, supports and drift eliminators. Leaks in the domestic hot water converters in the Food Service Building necessitated the removal of two (2) Steam Tube Bundles for repair, cleaning and reinstallation. Additional automatic gas shut-off valves were installed in the power gas train to the two Cleaver Brooks Boilers in Food Service to satisfy improved safety requirements. A remote controlled, thermostatically operated valve was installed in the main steam heat line serving ward building no. 10 to improve temperature control and patient comfort.

The contract for installation of an electrically supervised, manually operated, fire alarm system in all buildings on the hospital Campus is approximately ninety-five (95%) percent complete. Major outstanding items yet to be completed are the enunciator panels for the Admitting Office and Security, the automatic print-out, final tie-in with the City Fire Department, and correction of certain minor installation deficiencies. The project to upgrade the exterior electrical distribution system and improve power and lighting within ward buildings 4, 5, 8, 10, 11, and 12 (State Project 26-87) is scheduled for bid opening July 29, 1976.

The Farm Division, formerly reporting directly to the Director of Administration, was phased out during April and May 1976 and five

personnel from the Division were reassigned and transferred to the Engineering Division. Simultaneously with this phase out, the Grounds Maintenance Branch, which formerly reported directly to the Supply & Service Division, was transferred to the Engineering Division along with assigned personnel, functions, responsibilities, and equipment. Of the five personnel gained from the Farm Division, three were subsequently assigned to the Grounds Maintenance Branch along with the added responsibility for maintaining all fire breaks and control of vegetation growth around Killian Lake Recreation Area, Moore Pond, Morris Village Lake, and areas surrounding the immediate hospital grounds; one was assigned to the Transportation Branch to assist in maintenance and repair of equipment; and one was assigned to the Utilities and Equipment Branch to assist in maintenance and repair of Food Service Equipment.

Personnel retirements due to age and physical disability, coupled with personnel resignations to accept better, higher paying jobs have hampered our operations. There have been six senior Division personnel retired, five employees resigned to accept other employment and four employees were released for cause. Other than the minor reorganizational changes with attendant transfer of personnel in the preceding paragraph, there have been no additional personnel authorized; and, due mostly to comparably low salary levels for many positions, lengthy periods have been entailed in obtaining qualified replacements to fill existing vacancies. With 74 total authorized positions, the assigned personnel strength has varied between 59 and 72 during the year.

CAMPUS SECURITY DIVISION

The Campus Security Division continued its duties in providing security and protection for patients, employees and visitors. This division has the responsibility of enforcing all State and local laws which are violated by persons on the grounds. Constant patrols are made around the grounds looking out for possible fires.

In upgrading the ability and knowledge of each officer, continued in-service schooling has been provided by the Department of Mental Health, Columbia Police Department and the South Carolina Criminal Justice Academy.

During the year a total of 56,025 miles were driven by officers in patrolling the grounds, answering calls, and in aiding in transporting patients out of town back to court for hearings. There were 3,734 calls answered which resulted in 237 incident reports being written and investigated. There were 546 patients transported by officers during this period and 153 patients left without permission and were returned to

their wards. 673 auto decals were issued or replaced to employees. Persons violating parking regulations were issued 332 warning tickets and 14 summons. In implementing a new directive on contraband, 300 automobiles were searched which resulted in stolen state property being recovered. Sixteen persons were given polygraph tests on cases being investigated. Persons were arrested and charged in the following categories: Public Drunk, Driving Under Influence, Driving Under Suspension, No Driver's License, Petit Larceny, Embezzling Public Funds, Disorderly Conduct, Unlawful Use of Telephone, Improper Backing and Grand Larceny.

FIRE AND SAFETY

In October, 1975, Crafts-Farrow State Hospital appointed a Fire and Safety Officer. Formerly this was a responsibility of the Security Division.

There were 21 reported fires at Crafts-Farrow, of which 18 were mattress fires and 3 grass fires. There were no injuries to patients or employees directly caused by these fires. A total of 161 fire drills were conducted during the year, some on each shift. A total of 1,732 employees participated in these drills.

An Early Warning Fire Alarm System has been installed in all Crafts-Farrow buildings and when completed will be in compliance with all State and Federal regulations.

A one-hour training class in fire and safety practices is held periodically for all new employees.

The State Fire Marshall held a two-day Seminar on Fire and Safety consisting of three one-hour classes each day. A total of 700 employees attended these classes. The classes were held at times of day and night so that all employees were given the opportunity to attend.

Crafts-Farrow State Hospital had a total of 247 First Report of Injuries to Employees. Twenty-one of these entailed lost time from work, with a total of 82 days lost due to employee accidents.

The State Fire Inspector and City Fire Inspector toured and inspected all buildings on the Crafts-Farrow campus during the month of June. Their summary was a positive one, and the Administration was commended for its efforts in upgrading the buildings. There are still some areas where improvements were recommended and the inspectors' comments were justified; however, at this time, the capital for these improvements is not available.

FOOD SERVICE

The Food Service Division continued to improve service by replacing

major worn-out equipment such as a 3-phase food cutter with vegetable slicer. New tray conveyors and heat keeper dishes were put in use at McLendon Dining Room to replace worn-out conveyors and pyrex dishes. Building #18 Dining Room was renovated and the two dining rooms were made into one large dining room with a new serving counter installed. Menus continued to be coordinated with those of South Carolina State Hospital.

Meals prepared and served at *Crafts-Farrow State Hospital*:

Special diets and ground food prepared and served . . 1,237,501

Regular food prepared and served 1,585,256

Meals prepared and delivered to *Midlands Center*:

Special diets and ground food prepared and delivered 208,560

Regular food prepared and delivered 329,848

Meals prepared for *Morris Village* 60,750

Total meals prepared 3,421,915

Midlands Center was billed for meals, fruit juices and

miscellaneous items in the amount of \$499,525.95

Midlands Center was billed for milk in the amount of \$ 44,441.39

Morris Village was billed for meals in the amount of . \$ 91,125.00

Morris Village was billed for milk in the amount of .. \$ 19,489.56

FARM DIVISION

After a span of seventy years or more, the Farm Department was closed in the spring of 1976. During the months of operation, the General Farm had produced fresh vegetables, cantaloupes, cucumbers, squash, tomatoes, bell peppers, watermelons, sweet potatoes and turnip greens. Under the supervision of employees, an average of eight patients, working through the Therapy Work Program, helped with the planting and harvesting of the truck crops.

The Poultry Plant was in operation until May, 1976. The five patients working with the layers were responsible for feeding and watering the flocks and collecting eggs each day.

All commodities produced by the Farm were utilized by the Food Services Division.

The Grounds Maintenance Branch was transferred to Engineering, and Farm employees were employed in various positions in the Engineering Division.

HOUSEKEEPING DIVISION

A continuing program of training has been pursued during the past year in order to upgrade the potential of Housekeeping personnel. This

is being accomplished by on-the-job training programs as well as formalized training for selected first-time supervisors.

Two additional spaces have been added to Housekeeping Division since last report. Four new areas are now receiving Housekeeping services since last report. They are Buildings #6, 8, 11, and Administration Annex. There are three remaining areas that do not have Housekeeping service. As money permits, it is hoped that we will be able to staff all areas on Campus.

ADMISSION-EXIT SERVICE

The Admission-Exit Service continued its primary function of evaluating, diagnosing and treating newly admitted patients and arranging for post-hospitalization aftercare treatment. The admissions treatment program has been divided into a three-level system based upon the individual needs of the patient and beginning at the time of his admission to the hospital. Currently two physicians are assigned full time to the admission program with seven physicians working part time in the program.

HIP I, BUILDING #7

The second phase of HIP I program has been in operation since July, 1971. Phase one of the program began in July, 1965 under HEW grant.

Since the beginning of phase two, many innovations in program design have been inaugurated to meet changing needs of patients and to maintain a viable goal-oriented, consistent, treatment system. Utilized are the Step Incentive System, group treatment concept, patient government method, motivational therapy systems approach, money management counseling, medicine management, adult development (Orientation to community systems: taught patients how to use public transportation; how to establish bank accounts; how to appropriately plan for certain basic needs; how to relate together; how to communicate effectively; how to dial the telephone; how to use the laundromat; how to use eating utensils; and, how to constructively utilize their time daily.) A practical "*treatment team concept*" has developed whereby staff is comfortable in its professional relationship relative to patient affairs.

At this point in time, the primary aim of the program remains the same: remotivation and resocialization with the focus of returning patients either to their families or to other societal systems.

The program had to make sweeping shifts in directions because of the constant levels of behavioral changes in its patients. There was a residue of *Live In/Work Out* types who were able to become semi and/or fully independent with a "total push" conception of treatment. Focus then

was to educate and re-educate this type patient to the community system in the areas of money, work, transportation, budgeting, elementary education (Adult education), and medicine management. This group has virtually disappeared from the patient population as a result of that effort.

During year 1975-76, there was an average patient population of 50. Total discharged for the year was 11. One patient was readmitted to program. The average number of discharges decreased this year because of lower level of functioning, the depth of institutionalization, and chronicity of patients involved. It started with 17 Live In/Work Out patients and *now* there are practically none left in this group. Present patient population has problems with grooming, memory, habitual inappropriate behavior, and physical conditions. With the change in types of patients, revisions of criteria, goals and objectives are necessary. Some patients (very few) may reach certain Level III behavioral levels and the opportunity to achieve this is to remain in program design, not on a mass patient level but on an individual patient basis.

In sum, HIP's long range treatment objective is to help prepare patients to live out of the hospital. This year the program discharged an average of one patient per month after intensely building supportive community resources to enhance their chances of remaining in society. Appropriate and suitable arrangements are evaluated and matched with patients' situations and it is believed that the low recidivism rate is a result of such preparations. It is believed that if patients are "just placed" in societal systems without preparation, the cost of repeated re-admissions to this system will outweigh the sheer number discharged.

HIP I future plan is to provide treatment for long-term chronic patients who need sustained concentrated help and to determine from this patient approach whether this type patient can be rehabilitated to a level which allows return to a societal system.

ADMISSIONS PROGRAM — BUILDING NO. 1

The Hospital Improvement Program II ceased to exist on June 30, 1975, due to a lack of Federal funds. Consequently a program was developed to encompass all three wards in Admissions (Building #1). The New Admissions Program was to accomplish the goals of providing rapid assessment and treatment of newly admitted patients and to facilitate their return to the community. Treatment was focused on three levels.

Patients placed on Level I need maximum assistance in self-care and are totally disoriented. These patients are involved in a reality orientation, sensory retraining and self-care group.

Patients assigned to Level II are partially oriented and need some assistance in self-care. These patients received reality oriented group therapy which centers on problem solving and are also given some training in self-care as needed.

Patients who are well oriented and who seem suitable for an open ward are transferred to Level III (the old HIP II) for intensive individual and group therapy to aid in their rapid return to the community.

At all levels, patients are provided with a multi-disciplinary approach to treatment with Treatment Teams meeting five days a week.

Instituting a treatment program on two wards, which previously had no organized program, and expanding the old HIP II to encompass a comprehensive admissions system was a difficult task. However, at the present time the Admissions Program is fully functioning and during this fiscal year, 856 patients were received. The Staff of Building #1 is continuing to refine treatment modalities and improve Staff communication in a continuing effort to develop the new unified Admissions Program.

In an effort to accomplish this goal, application has been made for another Federal Grant to further reduce the recidivism rate at Crafts-Farrow State Hospital.

OPERATION/EXIT PROGRAM — BUILDING 6

Since its inception in April 1974, there have been approximately 248 "institutionalized" psychiatric patients admitted to the Operation/Exit Program. Some 178 of these have returned to the community as of July 1, 1976. The primary objective of the program is to facilitate the chronic patient's return to the community, following a treatment period of 6-9 months. This endeavor involves the utilization of available resources capable of providing instrumental support of patient situations, including Halfway House, Boarding Homes, Intermediate Care Facilities, and home. Activities are designed for the enhancement of the patient's self-concept, attitudes, work habits, family involvement, and his desire to live independently related to his individual capabilities.

There has been considerable change in staff attitudes and behavior as the program has evolved. Through continuous evaluation and redefinition of goals, objectives, plans, and endless treatment team meetings, the staff members have been able to adapt to the needs of the patients and have developed an awareness of situations, a sense of participation and involvement and an overall positive attitude toward planning and implementing effective patient care. The treatment team approach demonstrated here is one in which the patient himself takes an active part in deciding which way he will go and accepts definite commitments.

The program presently houses a total bed allotment of 60, in a fourward arrangement. Patients are moved through three levels of achievement, the first of which emphasizes grooming and participation in planned activities. The Token Economy System and Sensory Re-Training Group have been effective with many regressed patients, and serve to accelerate the "basic skills" portion of the Program. Level II and III patients are encouraged to improve interpersonal and community socialization. Discharge plans are initiated at the second level, and completed at the third. Final preparation of Group III patients involves the Pre-Release group, the goal of which is oriented towards acceptance of alternate care placement, educating them regarding available community resources, and facilitating their adjustment to home and community situations. In addition, the Level III patients are observed on self-medication, and visits to the Halfway House and Boarding and Nursing Homes are planned to promote positive attitudes toward alternate placement.

In January of 1975, the Operation/Exit Program became a Pilot Project on Problem-Oriented Records. The former record-keeping system has been changed to the Problem-Oriented Records which has lent itself to the Program's goals and objectives. Included in the Problem-Oriented Records are the Data Base, Problem List, Objectives and Plans, Interdisciplinary Notes and Summaries.

The Problem-Oriented Record is a comprehensive health record of a patient; it includes an ongoing report of every service which the patient is receiving. The main feature of the Problem-Oriented Record is the Problem List which serves as the key or index to the Record, detailing the "emotional, medical and societal" problems of a patient. The Problem-Oriented Record always reflects the current status of a patient and provides better care for the patient as all information necessary for planning programs is present. Updated revisions for plans and outcomes as well as new problems are dealt with on monthly treatment team meetings for individual patients.

MENTAL RETARDATION PROGRAM "PROJECT INDEPENDENCE"

Project Independence, a program designed to de-institutionalize and rehabilitate the mentally retarded residents of Crafts-Farrow State Hospital, has been in existence since August, 1974. Approximately 254 residents at Crafts-Farrow have a primary diagnosis of Mental Retardation. Currently, eighty-four of these are participants in "Project Independence." Many of the mentally retarded residents admitted to the program during the past year had been hospitalized for up to forty or fifty years without specialized treatment or training.

The ultimate aim of the Program is to facilitate the return of these residents to the community. This is accomplished through a structured training program which encompasses all aspects of daily living, and seeks to develop the basic skills and responsibilities necessary for an individual to cope with his environment successfully. Due to the wide range of intellectual ability and function among the participants in the Program, they are divided into three levels, so that each resident may receive a treatment program geared to his level of performance and degree of retardation. Basic training programs at each level include grooming, table manners, resocialization skills, crafts, music therapy, and recreation. In addition, the special education teacher provides a classroom program emphasizing reading, writing, and basic numerical and monetary concepts. The appointment of a certified speech pathologist to the Program has resulted in the availability of individual and group therapy sessions for residents with speech, hearing, and language disorders. A Token Economy System continues to operate effectively throughout all phases of the Program.

During the past year the census of "Project Independence" has changed from seventy males, to the current status of sixty males and twenty-four females. Social Service Reports show that nineteen residents have been de-institutionalized since the previous Annual Report. Thirteen of these were accepted by their families, while the remaining six were placed in alternate care facilities. To date, all of the above placements have proven successful, as none of the "de-institutionalized" residents has been readmitted to hospital care.

RESIDENT CARE SERVICE

The basic function of the Resident Care Service continues to be the provision of a wide range of coordinated active treatment programs for a large group of resident patients which includes geriatric and chronic mentally ill and mentally retarded individuals. This group comprises a large majority of the patients under treatment at this hospital, 1,243 at the end of fiscal year 1975-76, many of whom have been hospitalized for long periods of time. As far as possible with our overcrowded facilities, separate buildings are utilized for each category of patient. Doctors, nurses, social workers, psychologists and other mental health professionals are assigned to each building.

The expanded Social Service Department has provided closer contact with families and community facilities as well as with suitable and approved nursing care facilities with a resulting increase in the number of patients discharged during the fiscal year. Through constant personal contact with all approved intermediate care nursing facilities, boarding

homes and other alternate care facilities throughout the state, we have access to a current list of vacancies in the above-mentioned alternate facilities in order that these vacancies can be utilized immediately. Every effort is made to ensure that these facilities are suitable to the individual needs of the patient and that the patients are carefully selected to adequately meet the behavior patterns necessary for an adequate and successful adjustment to the particular requirements of a reasonable and satisfactory adaptation to that particular placement. Where it is possible every effort is made to place them in approved facilities as close to their home communities and families as possible. Prior to their placement, the plans are discussed with the patients' immediate families.

In addition to the expansion of the Social Service Department, there has been an increase in number of physicians, psychologists and ward treatment specialist during the present fiscal year. The increase in professional resources during the past year has resulted in a definite increase in the utilization of all approved alternate facilities as well as an increased degree of overall effective adjustment of those patients placed in these facilities and consequently a very marked decrease in their readmission rate to this hospital.

MEDICAL-SURGICAL SERVICE

The Medical-Surgical Service which is principally located in the McLendon Clinical Center continues to be responsible for the physical care of patients in Buildings 14 and 16 of Crafts-Farrow State Hospital. Patients returned from the Byrnes Clinical Center to Crafts-Farrow State Hospital are placed for convalescence in Building 14 along with convalescents from the McLendon Clinical Center until they arrive at a physical status where they can be returned to the Psychiatric Service in Crafts-Farrow State Hospital. Those patients in Building 16 are mostly physically ill psychiatric cases who are not likely to improve to a status where they could be discharged from the hospital.

Admissions to McLendon Clinical Center consist of a broad category of chronically ill, psychotic patients who experience acute exacerbations of long standing disease or acute intercurrent illness requiring special medical management. Also treated at McLendon are patients from Morris Village with acute diagnosis or care problems.

Since the establishment of a broad profile of laboratory, x-ray and EKG for all admissions to Crafts-Farrow State Hospital, many physically ill psychotic patients are given acute medical treatment early coincident with their mental problems as a result of better diagnosis at time of admission.

There has been a decrease in number of beds in Buildings 14 and 16 which has made it possible to divide the former open wards into two and four bed cubicles with private lockers and living space for individual patients.

New equipment of significance acquired during the year were the portable Burdick Monitor and Defibrillator and a Mark VII Bird Respirator used in the care of cardio-pulmonary emergencies.

Supporting Sections

I. Radiology and Electrocardiology

- a. Equipment: The radiological and electrocardiographic equipment is in good condition. An upright Bucky was purchased this year at the cost of \$905.00 as a replacement for an old unit which had exceeded its life expectancy. It is anticipated that the PAKO film processing unit may require replacement in fiscal year '76-77 due to normal wear and tear.
Repairs for radiology equipment during the past year amounted to \$232.36.
- b. With the increase in admissions to Morris Village as well as an increased obligation in this Section for additional tests now part of the admission procedure for all patients admitted to Crafts-Farrow, the workload has increased significantly.
- c. Expendable supplies for Radiology cost \$11,147.93 and for Electrocardiography \$1,002.22. Isotope and Radiotherapy cost \$3,064.00.
- d. Personnel include one X-ray Technologist II as supervisor and three Technologists II. The Pitts Radiological Associates, consisting of six Board Certified Radiologists, provide the interpretation of x-ray films, consultation for special examinations and other radiologic services.

II. Clinical Laboratory

The Clinical Laboratory provides laboratory services for patients and employees from Crafts-Farrow State Hospital, McLendon Clinical Center, as well as for Morris Village Alcohol and Drug Addiction Center.

- a. The equipment on hand has been maintained in good working order. New procedures have been added for measurement of Gamma-Glutamyl Transpeptidase (SGP-T), Lencine Amino-peptidase (LAP) and Cholinesterase.
- b. The laboratory workload has shown an increase of approximately 30% over the preceding year.

Tests for Crafts-Farrow State Hospital 96,031

Tests for Morris Village 29,945

Total 125,976

- c. Personnel complement remains stable with one Laboratory Specialist, two Laboratory Technician III, and one Laboratory Assistant.

III. *Physical Therapy*

The Physical Therapy Department provides treatment for both restorative and maintenance purposes for patients in McLendon Clinical Center and for Crafts-Farrow State Hospital and in special instances for residents of Morris Village.

- a. Equipment is being maintained in good working order. Some units will need replacement due to obsolescence and normal wear and tear.
- b. The workload has shown a slight increase this past year. A total of 507 patients have received a total of 27,694 treatments.
- c. Personnel providing these services consist of one Therapist, one Masseuse, and one Masseur.

IV. *Dental Service*

- a. Equipment: The old equipment is adequately maintained, however gradual replacement is anticipated beginning in 1977-78. New equipment was added during this period as follows: (1) One Panorex dental X-ray unit; (2) One Litton P-6 automatic X-ray film processor with replenishment system; (3) One new Light Fantastic dental operating light.
- b. Workload: The workload for the dental section is changing in accordance with continuous institution of more modern concepts and techniques. At the present time the dental section is combining the use of panographic dental X-ray of each patient with the initial and the annual dental examinations. During this report period, the preventive dentistry services have been bolstered due to the appointment of a certified dental hygienist.
- c. Personnel: The professional staff consists of one full-time dentist, one dentist half-time, one full-time dental assistant and one full-time dental hygienist.

V. *Out-patient Clinic: (McLendon Clinical Center)*

Out-patient clinics are held principally for employees and patients other than those located in McLendon Clinical Center; however, consultants in these clinics do see hospitalized patients when indicated.

- a. Employees' Clinic is held daily for all employees by the Personnel Physician — 2,762 visits.

- b. Dermatology Clinic on bi-weekly basis — 88 visits.
- c. Orthopedic Clinic on bi-weekly basis — 298 visits.
- d. Neurology Clinic on bi-weekly basis — 67 visits.
- e. Podiatry Clinic on a weekly basis — 438 visits.
- f. ENT Clinic on a three day per week basis — 187 visits.
- g. Emergency Treatment Clinic — 33 visits.

ACTIVITY THERAPIES SERVICE DIVISION

The Activity Therapies Service continued to provide a wide range of therapeutic activities primarily in the areas of recreation, music, occupational and library therapy. In addition to these regularly scheduled daily activities, a program of inviting cultural and entertaining groups from the community was implemented thereby providing patients with opportunities of enjoying concerts, bands, play drama groups and other forms of community entertainment.

The Recreation Therapy Section scheduled on a daily basis a wide range of recreational activities and encouraged the full participation of as many patients who were able to participate as possible. The Ward Recreation Therapy program which had been initiated the year before was fully implemented, making available therapeutic recreation on a full schedule in the closed wards as well as some of the open ones. Two staff members were assigned to handle shopping for and/or with patients who have Medicaid funds available; in addition to using these funds to shop for patients who may not be able to leave the hospital, this shopping program provides a means for other patients to be taken on shopping trips which allow retraining in shopping procedures (selecting articles, making change, and other socialization processes). An opportunity was afforded patients who like to raise vegetables to grow their produce on a plot of ground within walking distance of the ward buildings.

In the Music Therapy Program, emphasis was placed on ward visits using music as a stimulus with the view of encouraging as many patients as possible to participate in these therapeutic programs. Choir members were trained and both individual and group music instruction was given to those interested patients.

Ward visitation was also expanded in the Library Therapy Section and as was the custom for several years, a program for the deaf and blind patients was provided for with full participation for those patients. Many valuable additions to the medical library have continued to be received through the generosity of the Dr. Nicholas F. Atria Memorial Fund. The hospital staff as well as the patients made full use of the library and its facilities.

The Occupational Therapy Workshops under the supervision of four

Certified Occupational Therapy Assistants continued to work with many patients. Many workshops, meetings, and other training instruction were stressed throughout the year.

CHAPLAINCY DIVISION

Pastoral services were provided by a staff composed of three full-time clergymen, as well as two part-time (including Roman Catholic) and four part-time retired community clergymen. A total of 899 worship and ward devotional services were held. Interviews were conducted with 856 newly admitted patients; 611 counseling sessions, and 622 with relatives, pastors, et al, concerning the patients' needs; 210 group sessions were conducted. More than 24,000 brief pastoral visits were made during the year.

The teaching ministry included lectures to nursing staff and seminars for theological interns from South Carolina State Hospital and Hall Institute.

A workshop, "Community Based Living for the Elderly" was conducted in January, led by Dr. Eric Pfeiffer, Duke University. There were 380 participants including clergy, church leaders, and professional workers from various state and community agencies serving the elderly.

NURSING

Efforts to increase the number of planned therapeutic programs for patients have demanded much time and energy during the past year. After the expiration of HIP II Exit Program as a separate entity, the Motivational Therapy System with levels I, II, and III was implemented in the Admissions Building. Behavioral criteria and goals for newly admitted patients were identified. Nursing personnel are more realistically assigned upon patients' needs. The System is shared by all disciplines; however, nursing care has shown definite improvements.

Many staff persons have participated in continuing educational programs and workshops at institutions and agencies within and outside South Carolina. Forty-three new nurses, RN's and LPN's, were oriented to Nursing Education and the hospital facilities. An average of 33 nurses attended each session of the General Inservice Program for Nurses. As both knowledge and skill of personnel are increased the quality of patient care continues to improve.

During the fiscal year '75-'76, there were 137 mental health specialists who began the Basic Course for Mental Health Specialist. Eleven students completed the course for Ward Treatment Specialist. Fifteen nurses completed the course in Group Therapy for Geropsychiatric Patients, thus further implementing and/or reinforcing the group nurs-

ing approach in the care of aged patients. Also this course was approved by the Staff Development Section, South Carolina Department of Mental Health, to award 3.7 Continuing Education Units (CEU's) to nurses completing the 37 hours satisfactorily. Eleven Mental Health Specialist III's completed a course that provided skills in conducting group work. These courses for WTS's, RN's, LPN's and MHS III's increase the number of nursing personnel with advanced training.

The Hospital Staff Development Grant in Motivational Therapy, that had been awarded by HEW for the fiscal year 1975-1976, provided training for implementing the program in four additional buildings. Included in the training were all personnel working days, evenings and nights in these buildings. Follow-up is continuing on all six buildings. Two consultants working part-time and one staff member from nursing education contributing thirty percent of her time conducted the training programs on these buildings. Another consultant working part-time assisted in the development and implemented a training program for nurses in motivational therapy. This program assists the nurses in developing and implementing a MTS program on their wards. Eight nurses have completed this training and eight others are currently enrolled in the seminars. This has resulted in MTS programs being initiated in other buildings and wards.

Three new nursing instructors were employed during the year and one returned from educational leave. An assistant director of nursing education was also employed. Four members were lost from the staff, two through promotion and transfer to another department at CFSH and two due to moving away from this area.

The Refresher Course in the Administration of Medicines was renewed this year with fifty-one students completing the course.

Also the Rocom Training Program was renewed and provided continuing education films and discussions to 169 participants on various buildings.

Due to revision of the Basic Course for Mental Health Specialists in 1975, a course in the Administration of Medicines was developed as a separate course from the Basic Course. Twenty-eight students have completed the training and twenty-four students began training during this fiscal year. A course was implemented for teaching special techniques required in the Medical-Surgical area. Thirteen MHS's have completed this course. Also another course has been developed in psychiatric nursing for RN's and LPN's. It is in the process of approval for CEU's and it is planned to begin in the Fall of 1976.

Budgetary problems have influenced the employment of adequate numbers of staff adversely with needed positions being frozen. To date, upgrading of patient care has continued; however, this progress is

definitely related to having adequate staff. The goal of Nursing is to provide and involve each patient in a therapeutic rehabilitative program.

PERSONNEL SERVICES AND EMPLOYEE RELATIONS

During its fourth year of operation, this office continued general counseling of employees with problems of all types; aiding in completion of paperwork pertaining to membership in State or Departmental organizations, benefits, or plans; handling of employee grievances; aiding supervisors with interpreting Departmental policies; offering classes to supervisory personnel in understanding the performance evaluation forms and procedures; and in general offering assistance to employees whenever needed. Involvement of this office in publication of the Facility Newsletter as well as other informational media (such as Weekly Bulletin, The Report, and compilation of the Department's Annual Report) is also of major importance. Various drives have also been handled out of this office (United Way, Heart Fund, Bloodmobile, Cancer, Easter Seal, Savings Bonds, Mid-Carolina Mental Health Association Membership drives and SCSEA membership drives). The facility orientation class for new employees gives new staff members information pertaining to their benefits, the hospital structure in general, understanding of their pay check stubs, a discussion of the performance evaluation and probationary period, and general knowledge of where to go to get answers to their questions as they might arise. Close contact with all Department and Service Heads is maintained in order to help ascertain personnel requirements and locate areas where reclassification may be feasible. Other activities included working toward implementation of equal employment practices within the Facility, coordinating English-Second-Language classes for foreign employees, collecting material for a hospital brochure, and coordinating various employee functions such as retirement parties and accreditation recognition day, etc.

PHARMACY SERVICE

The total number of prescriptions filled at Crafts-Farrow State Hospital Pharmacy during the fiscal year 1975-76 was 62,028, which was approximately the same as last year.

Cash receipts amounting to \$141.14 were collected for prescriptions for discharged patients who are to be followed-up at after-care or mental health clinics. The decline in the number of these prescriptions is due to the fact that many of our patients being discharged are going to nursing or boarding homes.

Midland Retardation Center continues to obtain some drugs from Crafts-Farrow State Hospital Pharmacy. The pharmacy also provides services for the Community Mental Health Autistic Children Division.

The Alcohol and Drug Addiction Center at Morris Village was issued 2,316 prescriptions during the fiscal year 1975-76. This was an increase of 1,034 (80.73%) over the number issued the previous year.

A Pilot Program for computerized drug ordering began on August 11, 1975 at Building Number 15. Individual prescriptions were filled for the patients and the information is entered into the computer. From this, we are able to obtain a drug profile on each patient. When a drug which has been ordered is discontinued, the drug is returned to the pharmacy with a slip showing date discontinued and the reason. (At present time we are not able to enter this information into the computer.)

PSYCHOLOGY DEPARTMENT

The Psychology Department has subscribed to the continued improvement of its services to patients, staff, and community agencies. It has increased its staff as well as its responsibilities. Thirteen staff members provide professional and supportive services. Psychological services include diagnostic evaluations, therapy, consultation, training program development, and participation in various administrative and clinical committees.

During the 1975-76 fiscal year, 399 patients were tested. These included newly-admitted patients and long-term residents. Individual therapy was provided for 345 patients; 754 patients were involved in group therapy.

With the increased availability of workshops and training opportunities by the SCDMH, psychological personnel were encouraged to participate in a number of these activities. Supplemental training for staff was scheduled in monthly psychology meetings.

During this last fiscal year the Policies and Procedures manual was revised. Particular emphasis was placed on the use of treatment plans, space and equipment, staff development programs, and written plans for patient referrals.

The program for the mentally handicapped continued to receive psychological support. The department has been instrumental in developing a reality oriented rehabilitation program for the residents which includes educational and speech therapies.

A hospital resource unit was established to serve other disciplines. It focuses on training and education related to the care of the elderly and to the counseling of their families.

Continued support was given to all special programs in the hospital.

Staff members provided consultation, testing, therapy, and assistance in treatment team conferences.

In anticipation of further departmental expansion, a purchase request was made for a video tape system to be used as an excellent low-cost educational medium. Considerations has been given to the addition of a research specialist who would be responsible for controlled studies of geriatric patients.

An experiment in multi-discipline management under the supervision of the Chief Psychologist has proven successful. The various disciplines include psychology, counseling, education, and recreational and speech therapy. The results seem to suggest that several disciplines can be successfully directed under one supervisor and that interdisciplinary communication was facilitated.

The Psychology Department looks forward to new challenges in patient care and in hospital development. The psychological services will continue to provide diagnostic evaluation and therapy programs, and to pursue new modes of communication with other disciplines, the patients and the community.

SOCIAL SERVICE DEPARTMENT

The Social Service Department approached the fiscal year 1975-76 with much optimism, with a primary goal of developing closer linkage to the community, with emphasis on alternate placement for patients in need of this service. Having identified areas of need, re-organizing staff and upgrading services greatly facilitated discharge planning. This closer linkage to the community is credited mainly to the extra effort put forth by the Social Service Staff in working cooperatively with families, Nursing Homes, Boarding Homes, Foster Homes, Mental Health Clinics and Centers. The Alternate-After-Care Unit was also effective in working with all community resources and in helping to develop new resources and services. As a result, many patients were discharged who otherwise would have remained in the hospital.

During this accomplishment, certain staff needs became more apparent and provided the basis for In-Service Staff Development Training. While we have continued to experience some problems in meeting the needs of some patients, it is felt that each service has an effective Social Work Program that is both hospital and community identified.

Total number of referrals made was 512. Total number of patients placed was 286.

The Statistical Report below reflects the utilization of available community resources by Social Service Staff for alternate placement of patients.

<i>Type Placement</i>	<i>Length of Hospitalization</i>				<i>Total No. Patients Placed</i>
	<i>Less Than 1 Yr.</i>	<i>More Than 1 Yr.</i>	<i>More Than 5 Yrs.</i>	<i>More Than 10 Yrs.</i>	
Foster Home	50	10	4	8	72
Nursing Home	30	46	23	33	132
Boarding Home	15	14	21	32	82

VOCATIONAL REHABILITATION DEPARTMENT

The Vocational Rehabilitation staff assumes the role of representing the handicapped and the state in providing vocational services as may be necessary in the rehabilitation of mental patients at Crafts-Farrow State Hospital.

As the treatment team concept is now being used throughout the hospital, a member of the Vocational Rehabilitation Department sits on each of the teams and is able to feed back information as it applies, and also makes the teams aware of the vocational potential of the patient who is being discussed. From these various teams, referrals are made to this department. Of these referrals forty-five clients have been successfully rehabilitated, vocationally, during the past fiscal year.

A total of 1,110 patients were involved in various work therapy and personal and social adjustment training areas under the supervision of the Vocational Rehabilitation Department.

Vocational Rehabilitation plays a very active part in the Patient-Pay program, both by establishing a just wage through evaluation of the prospective employee, and by constantly attempting to stimulate more patients to become involved in rehabilitative services.

The Rehabilitation Workshop Facility on Green Street was again utilized. After receiving training there, clients are then able to take various jobs, such as kitchen, dining room, and housekeeping work not only here as regular employees, but in other settings as well. The Center for Orientation for Independent Living (COIL) has also been utilized and has been a means of several patients again taking their place in the community.

A total of 170 patients were involved in the Home Economics Department where much of their training was in home-related skills, with emphasis on training and renewal of previously learned skills. Courses have been given on nutrition, marketing, personal grooming, hygiene, sewing and general household maintenance.

A total of 98 patients has received training in the use of basic tools, general woodworking, painting, wood finishing, simple home repair, etc. The development of these skills is a definite factor in how the client is able to apply himself upon his return home.

The Rehabilitation Department in cooperation with Columbia School District No. 1 again offered Adult Education classes. A total of 50 patients participated in these classes with 42 attending often enough to be considered students.

During the year the Rehabilitation Department sponsored classes attended by 37 hospital employees interested in the deaf and hard of hearing, and was also able to assist a former deaf patient in his employment through the Civil Service system.

VOLUNTEER SERVICES

The Bicentennial year brought more public attention and recognition of volunteerism locally, statewide, and nationally. Crafts-Farrow Volunteers were honored and recognized for their services: one being the first recipient of the "Volunteer and the Nation Award" presented by the Kiwanis Club. Three other volunteers were awarded Outstanding Service Certificates at a luncheon given by Voluntary Action Center. Two volunteers were nominated and received special recognition as "Good Eggs" by Radio Station WIS and the S. C. Egg Board. All individual and group volunteers were guests-of-honor at a drop-in. They were received and thanked for their services by Mrs. James B. Edwards and Dr. William S. Hall. Georgetown County Mental Health Association, assigned to Building 12, received the "Most Outstanding Award," given by the South Carolina Mental Health Association.

Ongoing volunteer projects that continued most successfully were: Volunteer Services Clothing Shop, Building 7 Music Club, Senior Citizens Bus Trips, Operation Santa Claus, Beautification Projects (including living and grounds areas), patients' monthly newspaper — The Tattler, Adopt-A-Ward, "Spring Showers" (gifts of toiletries and comfort items for patients), and, Fisher Building Kitchen.

Sixteen volunteer entertainment and variety programs were enthusiastically received by our residents. More than 1,900 volunteer hours of service were contributed.

Recruitment efforts were made by talks to groups and individuals, letters and other publicity. Coordination of hospital tours was also continued. Coordinator served as President of Central South Carolina Coordinators of Volunteers.

Plans for the coming year include implementation of a Volunteer Project in Building 5. Partial funds have been received from a federal grant, approved by ACTION.

WILLIAM S. HALL PSYCHIATRIC INSTITUTE

DIRECTOR'S REPORT

Fiscal year 1975-76 was the eleventh year since the William S. Hall Psychiatric Institute was established as the education and research facility of the South Carolina Department of Mental Health. The goals of training highly competent mental health professionals and furthering the knowledge of neuropsychiatry by competent research are being pursued. We are now in a phase of evaluating and upgrading our training methods, research projects, and services given to patients at the Institute.

With the budget cuts, we had to give close scrutiny to each program and service to determine what priority was given to each. The budget cuts did eliminate some programs; but, if the budget cuts are temporary, the goals will not be critically disrupted.

A total of 965 trainees were in training during this year:

General psychiatry — 19, child psychiatry — 8, medical students — 92, psychology interns — 5, nursing students — 66, chaplain trainees — 9, social work placements — 7, recreational therapy interns — 10, occupational therapy interns — 4, music therapy interns — 4, vocational rehabilitation interns — 3, special education teachers — 20, continuing education programs — 718.

Thirty papers by members of the Institute faculty were accepted for publication by various professional journals.

During this fiscal year, 671 patients were treated as inpatients for a total of 34,273 inpatient days and 440 partial hospitalization patient days. More than 9,819 outpatient visits were recorded.

With the appointment in July 1975 of the current director as Chairman of the Department of Neuropsychiatry and Behavioral Science (School of Medicine of the University of South Carolina), it is anticipated that a close working relationship will evolve between the Institute and the University School of Medicine.

Charles H. Ham, M.D., was appointed as Deputy Director of the Institute in July 1975.

February, 1976, was designated Courtesy Month to focus attention upon the importance of courteous contacts between people (staff, patients, and visitors). The winning slogan, "Make Courtesy the Spirit of '76," submitted by Mrs. Larice S. Brown earned her a \$50 U. S. Savings Bond.

A grant of \$5,000 was made by Ciba-Geigy Pharmaceutical Corporation to the Health Resources Foundation of the William S. Hall Psychiatric Institute. This amount was placed in a special fund, the

interest from which is to be used annually for an award to the physician in training at the Institute who submits a scientific paper which is judged the most outstanding for that year. This award was named "The Joe E. Freed Award" in recognition of the outstanding work that Dr. Freed has done in organizing the training programs at the Institute. Four papers were submitted for the first award which was given to Dr. Marshall A. Staton for his paper, "Zinc Deficiency Presenting As Schizophrenia."

Another highlight during the year was survey and full reaccreditation by the Joint Commission on Accreditation of Hospitals.

PROFESSIONAL LIBRARY

During this fiscal year the Professional Library's reference services increased twofold. Besides our own professional staff, the library is extensively used by the medical staff of five local hospitals and the staff of the new School of Medicine in Columbia. The reading room and reference services are also open to local physicians, professors, nursing students, college and graduate students from nearby schools.

There was also an increase in the number of bibliographies prepared for members of the Institute staff who are involved in teaching and research.

Library is actively involved in an internship program for the future medical librarians and advises the staff of many small medical libraries in this area.

Library's resources were increased by adding new books, journals and many other reference materials. The library houses a good collection of tapes and cassettes on mental health subjects and also produces its own tapes of lectures given by scientists and scholars visiting the Institute.

Professional Library was also recognized on a national level by electing its medical librarian as Secretary-Treasurer of Medical Library Association/SRG for 1976-77.

RESEARCH SERVICES

The Ensor Research Laboratory maintained its emphasis on mental health research during the year which resulted in the publication of seven scientific papers. The chief of the laboratory, Dr. N. S. Shah, received a grant from the American Society for Pharmacology and Experimental Therapeutics to provide for this travel to the Sixth International Congress of Pharmacology held in Helsinki, Finland, for the presentation of a research paper. Dr. Shah was an invitee among 150 nationally known scientists at the National Aeronautic and Space Administration, Johnson Space Center, Houston, Texas. The meeting was held in May, 1976, to discuss the future plans of Biomedical Research in

space. Dr. Shah was later chosen as a member of the *Ad Hoc* Advisory Committee for the future planning of research in space. Several medical students were involved in research projects conducted in the Ensor Research Laboratory. This experience was provided in order to interest students in pursuing a career in mental health research. The Fifth Annual Research Symposium, entitled "Biochemical, Pharmacological and Clinical Aspects of Mental Depression," sponsored by the Ensor Foundation Research Laboratory was held in November, 1975, was funded in part by several pharmaceutical companies.

The Genetics Laboratory made significant strides during the year in all areas — training, service and research. In addition to lectures given to trainees in many programs at the Institute, there have been classes and short courses in basic genetics and mental health genetics presented across South Carolina. A symposium entitled "Prenatal Diagnosis of Genetic Defect" organized by the Genetics Laboratory was attended by almost 200 health professionals. Three U. S. C. students have completed one year independent study projects and several Institute trainees are involved in research and patient projects. Consultative and laboratory services are provided by the Genetics Laboratory within the Department of Mental Health and there have been one or two requests for genetic advice from area physicians almost every week. A grant for \$17,000 was obtained from the South Carolina Developmental Disabilities Council to develop techniques to monitor high-risk pregnancies. Several studies have been concluded and reported in the American Journal of Human Genetics, or Clinical Research. These investigations include chromosome effects of caffeine treatment in hyperactivity and the establishment of lymphocytoid cell lines from mental health patients. The Genetics Laboratory in just a few years has developed strong teaching and service capabilities. In the coming year more emphasis will be put on the program of mental health research.

DEPARTMENT OF RESEARCH AND TRAINING GENERAL PSYCHIATRY TRAINING PROGRAM

The General Psychiatry Residency Program enjoyed another successful year in recruiting residents. From a number of qualified applicants seven were selected to begin training in our program. Four physicians were selected from within the Department of Mental Health, two were recruited directly from medical school, and another entered training from a career in family practice. During the year, one resident withdrew from the program for personal reasons, one entered the United States Army at the termination of his deferment, and one completed his general psychiatry residency training and accepted a position with the

South Carolina Department of Mental Health. The total number of physicians in training in the General Psychiatry Residency Program during the year was nineteen.

The General Psychiatry Residency Program was awarded a federal grant of \$44,598 for the budget year 1975-76 and at year end notification was received that the grant would be continued during 1976-77 in the amount of \$31,651.

During 1975-76 we continued the comprehensive review, re-evaluation and reformulation of the General Psychiatry Residency Program with the major goals of continuing to improve our program consistent with current ideas, movements and directions in psychiatry, maintaining quality control in an expanding program and preparing for the advent of a four year program after July 1, 1977. Some major revisions were made in the organization and sequencing of various clinical rotations. A total revision of the didactic curriculum of the program was carried out with material previously presented in a seminar series being divided into course blocks of related subject matter to provide greater continuity and a building block approach to the learning process. This division also had several advantages in the administrative, organization and control of the curriculum. These revisions were also consistent with our overall planning to implement the four year residency training programs required by the American Board of Psychiatry and Neurology effective July 1, 1977.

We have continued to encourage and support resident participation in research projects and literary offerings in the course of their training. This year saw the inauguration of the Joe E. Freed Award to be presented annually to the resident submitting the most outstanding scientific paper for the year. Several residents distinguished themselves by their work in this area during the past year.

During the year we continued to develop and improve our program in specific areas of advanced training which we feel add measurably to the overall capabilities and competence of general psychiatrists trained in our program. Significant improvements were made in residents training in community mental health and a teaching psychiatrist specializing in that area was added to the faculty. Development of the consultation-liaison training which is conducted in interface with non-psychiatric medical specialties was continued during the year and a faculty member specializing in that area of training joined the faculty. We have also addressed our training objectives in the area of emergency psychiatry and are developing an expanded learning experience for residents in that area.

Our program has continued to support other programs of medical education in our area and the state. Key members of our teaching staff

received faculty appointments and contributed to the development of the Department of Neuropsychiatry and Behavioral Science of the University of South Carolina School of Medicine under the chairmanship of our Director, Alexander G. Donald, M.D. In our efforts to expand the impact of psychiatric teaching and broaden our interface with primary medical care services, we have continued to support and assist the Family Practice Residency Program of the Richland Memorial Hospital. Our residents are offered opportunities for training in the Richland Memorial Hospital and residents from non-psychiatric medical specialty programs have rotated on electives to the Institute under the auspices of the General Psychiatry Residency Training Program. During the past year, residents from the programs in family practice and internal medicine at the Richland Memorial Hospital completed training rotations at the Institute. A resident in neurology from the Medical College of Georgia also took a training rotation in the Institute. Several medical students from the Medical University of South Carolina, the Medical College of Georgia, the University of Louisville School of Medicine, Duke University School of Medicine, Glasgow University School of Medicine and Karolinska Institute, Stockholm completed psychiatric electives and medical externship training during the year. The program continues to sponsor and conduct one-day visits to Columbia by junior and senior medical students from the Medical University of South Carolina during which they were given an overview of the services and facilities of the South Carolina Department of Mental Health with an orientation to the Mental Health Code. One day orientation programs were also conducted for the family practice residents of the Medical University of South Carolina and for the Medex trainees of the Medical University of South Carolina.

We feel that our continuing efforts and attention to issues of quality training in the field of general psychiatry have enabled us to develop a forward looking, balanced, eclectic training program. We feel that we have a program which is geared to recognize and respond to emerging issues in psychiatry while according coverage and respect to the traditional roots of our field.

Physicians, Medical Students, and Medex Students Receiving Training and/or Orientation Under the Auspices of the General Psychiatry Residency Program in 1975-76

Residents in General Psychiatry	19
Residents in Child Psychiatry	08
Residents in Family Practice*	15
Residents on Internal Medicine	01
Residents in Neurology	01

Medical Students*	92
Medex Students	25

*Includes Training and Orientation.

CHILD PSYCHIATRY FELLOWSHIP PROGRAM

The Child Psychiatry Fellowship Program conducts an approved training program in child psychiatry and is allotted eight student positions. During the year eight physicians participated in this training program. By the year's end three of these physicians completed their training and all three remained in South Carolina.

In addition to training child fellows, the Child Psychiatry Fellowship Program provided training to the following students for varying periods of time during 1975-76: 11 general psychiatry residents, 5 clinical psychology interns, 5 chaplain residents, 2 social work graduate students, 65 student nurses, and 15-20 individuals in various stages of special education training.

The second-year rotation for general psychiatry residents was enriched: a year-long twelve-hours-a-week concurrent rotation with Adult Outpatient was designed which included individual psychotherapy cases, supervision and collaboration; four courses in child growth and development, basic child psychiatry, child psychopathology and treatment, and adolescent psychiatry; consultation visits to schools, corrections and mental retardation; screening clinic; and weekly diagnostic case conference.

A total of eleven publications were published or accepted for publication. Research was conducted in the areas of training program evaluation, family assessment, and the applicability of inventories for use in understanding parent-child interaction. Preliminary investigation was also made into dysfunctional parent-child relationships involving pre-school children. Other research involved the investigation of a case of tertiary partial trisomy, the development of the H.E.L.P (Hall Emotional Learning Profile), and an inquiry into prevention of the mass murderer.

Notification was received in June 1976, that a federal grant had been awarded in the amount of \$91,000, most of this amount for faculty expense and a lesser amount for student stipend. The grant will provide a much needed enrichment of the pediatric-consultation-liaison and community consultation programs in the Fellowship program.

One of the state's most critical manpower shortages in the mental health field is in adolescent psychiatry and no program exists in South Carolina to train adolescent psychiatrists. Budgetary limitations continue to preclude the establishment of a training program in this area but efforts will be continued to secure funding for this program.

CONTINUING EDUCATION PROGRAM

During the year, the Continuing Education Program sponsored seven major symposiums dealing with psychiatric topics. These programs were designed to acquaint non-psychiatric physicians with information in regard to the recognition and management of psychiatric problems developing in their patients. All programs were conducted by outstanding guest speakers who are nationally recognized in this field. Attendance at each program was excellent averaging over one hundred per program.

Plans for 1976-77 include a major program on behavior problems of childhood and adolescence to be held in the fall and one in the spring on psychiatric emergencies and medical practice.

CLINICAL PSYCHOLOGY INTERNSHIP PROGRAM

During the year, five clinical psychology interns completed their training at the Institute and a new group of five interns began their one-year clinical experience required for the doctoral degree.

A federal grant in the amount of \$8,169 was received in support of this program during 1975-76.

NURSING EDUCATION PROGRAM

Sixty-six nursing students completed this program during the year. This program continues to offer a three months affiliation in psychiatric nursing to both diploma and associate degree nursing students. In addition, it accepts graduate nurses who either never had this course or failed state boards in psychiatric nursing. These graduates are foreign-born, graduates of programs out-of-state or other programs in South Carolina.

This program continues to have all participants pass state boards in psychiatric nursing.

With the assistance of a consultant, the Program Director continues to pursue federal funds to initiate a four-county pilot program of continuing education for nurses.

PASTORAL EDUCATION PROGRAM

Four chaplains completed their Clinical Pastoral Residency Program and one completed his Doctoral Fellowship during the year. Both programs are one year in length.

A new program level, entitled "Clinical Pastoral Education in Pilgrimage," began on September 29, 1975, with the innovative format of one-day-a-week for nine months, thus providing for the participant the

equivalent of three full months of clinical pastoral education. The program is offered to community clergy who are desirous of participating in an educational program combining their full-time parish work with certified clinical education. Five community clergy graduated from this program on May 17, 1976.

The fifth annual "Theology and Therapy" undergraduate clinical program at the Hall Institute was offered during January, 1976, to four pre-theological and pre-medical students from Wofford College. This clinical interim project has pre-graduate school purposes of assisting the college student in his or her understanding of mental illness, the study of the interrelationship between religion and mental health, and pre-professional reflection on religion and medicine.

There were four programs in the Hall Institute's *Continuing Education Series for Community Clergy* offered to community clergy and other pastoral workers in 1975-76. An experiential "Community Process" workshop was conducted for 20 participants in a format of four sessions from July 30 through August 8, 1975. The fourth annual Pastoral Care Symposium was held on December 4, 1975, and the featured speaker was Dr. William B. Oglesby of Union Theological Seminary. Dr. Oglesby's symposium topic was "Biblical Themes in Pastoral Counseling," and 88 clergy registered for this continuing education program. A third program in the 1975-76 series was that of a Pastoral Care Workshop ("Pastoral Care of Divorced Persons") led by Dr. Oglesby on December 5, 1975 for 56 participants. Another experiential "Community Process" workshop was provided for 20 persons in six sessions from February 6 through March 12, 1976.

Community educational services were provided by Pastoral Education Service during the year to a variety of community resources via lectures and seminars.

There were 203 community clergy, undergraduate students, and seminary students who participated in the full-time, part-time, and continuing education programs of Pastoral Education Service during the 1975-76 fiscal year.

Valued goals for Pastoral Education Service include the continued focus on the preventative dimensions of pastoral care as linked with community resources and broadening the opportunities for community clergy to participate in pastoral care education.

SOCIAL WORK PLACEMENT PROGRAM

Seven social work students were in field placement at the Institute during the fiscal year. Three second-year students who completed placement have taken positions in South Carolina, two in mental health facilities.

Budgetary restrictions prevented the summer program's being continued this summer and it is seen as a significant loss to our educational program.

RECREATIONAL THERAPY INTERNSHIP PROGRAM

Ten students from six universities completed training programs in Recreational Therapy at the Institute during the year. Two of these students were from Clemson University, three from the University of North Carolina, one each from Virginia Commonwealth University and Connecticut University, two from Indiana University and one from Benedict College. Indiana and Benedict were new affiliations initiated during the year.

The recreational staff and students took an active part in planning and conducting the Institute sponsored therapeutic camp for child and adolescent patients.

OCCUPATIONAL THERAPY INTERNSHIP PROGRAM

The Occupational Therapy Internship Program has begun to increase its student program. The universities plan student internships at least two years in advance so that it takes time to build up a program. We had four students during the fiscal year 1975-76. We have definite commitments from the University of Puget Sound, University of Kansas, Medical College of Georgia, Cleveland State University, Florida International University, Medical College of South Carolina and the University of Florida to send students to us in the next four years. We are still negotiating with East Carolina and Virginia Commonwealth Universities. The program will soon have three students per quarter on a year-round basis.

MUSIC THERAPY INTERNSHIP PROGRAM

Four students completed their six-month internship in Music Therapy during the year. One of the students joined the music therapy staff in January, 1976, providing the skill and time necessary to improve the internship and offer treatment programs of a more specialized nature for all Institute patients.

VOCATIONAL REHABILITATION INTERNSHIP PROGRAM

The Rehabilitation Counseling Clinical Internship Program has continued despite loss of funding due to budget limitations. A total of three University of South Carolina graduate students participated in this program with, again, state agencies being the primary employers of the program graduates.

DEPARTMENT OF CLINICAL SERVICES

In addition to continuing efforts by the staff of these services to provide quality treatment to patients, to maintain a setting conducive to good training, and to stimulate clinical research, additional efforts have been directed at participating actively in the further development of the Institute training programs.

New programs that were initiated during the past year included developing more consultation-liaison services on the psychiatric unit at Richland Memorial Hospital and the opening of a preschool program in Child Psychiatry. Plans are being made to develop an improved community psychiatry program under the Adult Psychiatric Section of General Psychiatry.

GENERAL PSYCHIATRY SERVICE

The Adult Inpatient Section has maintained a therapeutic milieu while providing valuable experience for professionals-in-training under the careful supervision of the teaching staff. A significant clinical study using an intravenous antidepressant medication was completed during the year.

The Village Unit further developed liaisons with the counties served.

The Adult Outpatient Section continued to expand its activities by both the increased number of residents rotating through the program and also by the variety of treatment modalities utilized.

The Community Psychiatry Program consists of a didactic and field experience that acquaints psychiatric residents with all facets of community mental health service delivery. Initial work has begun in order to develop a fellowship in community psychiatry to provide residents with expertise and competence in both administrative and clinical areas of community psychiatry.

The psychiatric consultation-liaison service has been developed into a fully active teaching program providing consultation services to the medical and surgical services of Richland Memorial Hospital and to the Neurology Service of the Institute.

CHILD AND ADOLESCENT PSYCHIATRY SERVICE

A major new development on the Child and Adolescent Psychiatry Service was the establishment of a Therapeutic Nursery School for children ages three and four, suffering from a wide range of disorders.

A total of eleven papers were published or accepted for publication. Research was conducted in the areas of training program evaluation, family assessment and the applicability of inventories for use in understanding parent-child interaction.

Many trainees spent varying periods of time on the Child and Adolescent Psychiatry Service during the 1975-76 year.

The second-year rotation for general psychiatry residents was enriched: a year-long twelve-hours-a-week-concurrent rotation with Adult Outpatient was designed.

The Child Fellow Pediatric-Consultation-Liaison and Community Consultation was enriched; besides the Pediatric-Consultation-Liaison, emergency cases were seen at the Columbia Area Mental Health Center.

NEUROLOGY SERVICE

Continuing education and resident instruction in neurology expanded with the addition of a seminar series in behavioral neurology and a continuing education series in neurology for SCDMH physicians and psychiatrists. Ten psychiatric residents rotated through the Neurology Service training program, utilizing inpatients, outpatients, and consultation referrals for clinical material. Twenty-four residents and fellows were examined in neurology by seven ABPN diplomats, the largest and most thorough annual evaluation ever organized at William S. Hall Psychiatric Institute.

The chief of service authored six scientific papers during the year and was chosen Chairman-Elect, Section of Neurology, Neurosurgery, and Psychiatry, Southern Medical Association.

PSYCHOLOGY SERVICE

Psychology training activities continued with approval from the American Psychological Association Education and Training Board and also with the renewal of a training grant from the National Institute of Mental Health. The five interns engaged in a variety of training activities.

Staff psychologists have actively participated in the general psychiatric residency program and in the child fellow program. Psychology has also actively participated in the training programs of nursing, clinical pastoral education, social work, and other areas. In the Child and Adolescent Psychiatry Service, Psychology has maintained its role as consultant in the Day Treatment Center and has helped to train the child fellows.

Psychology has participated in administration and planning meetings as requested and also has been active in research areas. Developing scales to do research on the dynamics of healthy families, exploring new family assessment devices, running a research study on hospital environment attitudes, and working on research related to assertive training. An article on sexuality has been submitted for publication.

Psychological evaluation continues to be an extremely important service as are group and individual psychotherapy.

SOCIAL WORK SERVICE

The Child Psychiatry Therapeutic Group continues as an asset implemented under the aegis of the child psychiatry social workers. Additionally, a therapeutic nursery was initiated under the guidance of a social work staff member.

Seven social work students were in field placement during this fiscal year. Three second-year students who completed placement have taken positions in South Carolina, two in mental health facilities.

Budgetary restrictions prevented the summer program's being continued this summer and this is seen as a severe loss to our educational program. In-service training was provided to personnel from Chaplaincy Service, the Santee-Wateree Mental Health Center, the Child Psychiatry Fellowship Program and the General Psychiatry Program. Institute social workers also participated in a number of national, regional, state and local professional education programs.

NURSING SERVICE

Nursing services have continued to adjust and grow to meet demands of change instituted by varying modalities of treatment. These have included extensive evaluations for neurological patients, partial hospitalization for adolescent patients, a four-hour nursery school program, and drug research studies.

The addition of more trainees of various disciplines to the units have been effected in a smooth transition. Nursing Service continues to gain satisfaction from attaining the goals of giving excellent patient care, participating in medical and behavioral research and functioning in a setting that will enable mental health trainees to reach a higher level of professional competence.

ACTIVITY THERAPY SERVICE

Staff in the Activity Therapy Program were stable this year. Student programs are functioning well in all areas.

The Recreation Therapy Section continued the programs already in existence. During the months of July and August, 1975, three new staff members were hired and one position is still vacant.

One new program begun was the adolescent physical education class conducted through the Richland County School System. Again the Recreation Therapy Department took an active part in programming for

the Institute-sponsored therapeutic camp for the Child and Adolescent Service.

During the year ten interns from six agencies completed recreational therapy internships.

As part of in-service training, all Recreation Therapy staff members have participated in at least one workshop or training session this year.

The Occupational Therapy Section recruited five registered Occupational Therapists and one Art Therapist this fiscal year. New programs such as assertive training, values clarification, homemaking skills group, art therapy, and a leisure skills group have been initiated along with regular occupational therapy activities. The therapist on the children's unit has started a sensory integration program.

The section experienced an increase in the number of occupational therapy interns participating in the student program. With new commitments made during the year it is anticipated that this program will soon have three students per quarter.

Four students completed six-month internships in the Music Therapy Section during the year. One of these students became a member of the Institute staff in January, 1976, and two other students were able to locate jobs in the Columbia area. With more staff the Music Therapy section is now able to offer programs of a more specialized nature for all Institute patients.

VOCATIONAL REHABILITATION SERVICE

The Vocational Rehabilitation Department continued to provide vocational evaluation, counseling and guidance, homemaker and consumer skills training, financial assistance for vocational and college training, and assistance with job residential placement to all sections of the Institute. Research continues in conjunction with the University of South Carolina Law School and one scientific paper has been published as a result.

THE PSYCHIATRIC FORUM

The two issues of *The Psychiatric Forum* published during last year were well received and brought interesting papers on mental health to professionals in the field. One of the issues concentrated on presentations that were made at a psychiatrically-oriented continuing education program held at the Institute for family physicians. Requests that have been received for reprints of articles and subscriptions indicate that the distribution is good and the journal is reaching a receptive readership.

DEPARTMENT OF ADMINISTRATIVE SERVICES

The budget reduction of 8% imposed at mid-year had a significant impact on administrative services requiring a reduction in personnel positions and delays in routine maintenance. These budgetary restrictions are felt most acutely at this time when building maintenance cost is rising rapidly due to the fact that our building has been occupied for twelve years and many items are requiring extra maintenance or replacement for the first time. Added to this is the ever present inflation problem. The outlook for the coming year is even more dismal and the ability of administrative services to support the Institute's teaching, research and treatment programs within budgetary limitations will be critically tested.

The high point of the year was the bi-annual survey by the Joint Commission on Accreditation of Hospitals conducted on October 6, 7, and 8, 1975, which found administrative services in excellent condition with no discrepancies noted by the surveyors. This evidence of continued excellence in administrative services is the result of the conscientious effort of the entire staff of administrative services.

**C. M. TUCKER JR. HUMAN RESOURCES CENTER
E. ROY STONE JR. WAR VETERANS PAVILION
JOHN M. FEWELL PAVILION**

ADMINISTRATOR'S REPORT

Tucker Center began the fiscal year under new licenses that incorporated all beds of the facility for the first time. The Center now has 300 licensed beds — 100 Skilled and 200 Intermediate — and is in the second year of operation as a fully accredited facility by the Long Term Care Council of the Joint Commission on the Accreditation of Hospitals.

Responding to ever increasingly stronger standards for long term care facilities established by the Department of Health, Education, and Welfare, Tucker Center employed a Medical Director for the facility in December, 1975. The establishment of this position has been the most significant step taken this year by the facility to continue the development of comprehensive, coordinated long term care services.

Improvements continue to be attempted in the physical aspects of services to patients to the same extent that emphasis is placed on the quality of personnel. The patient activities program received an additional resource with the delivery of a twenty-four passenger bus, specially designed for the handicapped and elderly. This vehicle, equipped with an automatic lift and wheelchair locks, has extended the world of physically impaired long term patients beyond the confines of Center's campus.

For the most seriously impaired patients and to expand available patient use space, a project is underway to improve and landscape the pavilion courtyards by constructing shelters, plazas and fountains. The areas are designed to permit patients to engage in flower growing or to sit and enjoy the outdoor environment during temperate periods.

The major problem facing Tucker Center at the close of this fiscal year is the critical shortage of adequate patient use and activity space and the inadequacy of existing work areas for engineering, supply and linen processing operations. A combination maintenance, supply and laundry facility has been proposed for the Center for some time. It is hoped that action can be taken and this project can be initiated in the coming year.

Tucker Center currently has the care, administrative and professional staff that will permit expansion of services to additional patients when the need for increased long term care services arises. In the past six years the facility has undergone almost constant growth and development in the areas of treatment programs and supporting services. As the Long Term Care Facility of the Department of Mental Health, Tucker Center

looks to the future with anticipation of expanding quality long term care services.

PROFESSIONAL SERVICES

MEDICAL STAFF

With the addition of a Medical Director in December, 1975, Tucker Center is now staffed with three full-time Physicians and a Board Certified Psychiatrist who provides consultant services to staff and conducts psychiatric evaluations on referral. Other medical and surgical specialty consultants are available through other facilities of the Department of Mental Health.

The Medical Director functions in the capacity of Director of Professional Services. In this position he maintains administrative supervision of treatment personnel and directs a coordinated patient care and treatment program in conformity with the increasingly stronger standards for health care established by federal and state government agencies, and recognized voluntary accrediting organizations.

NURSING SERVICE

The Nursing Staff has this year placed the emphasis on Rehabilitative Nursing Care with particular attention to expanding interpersonal relationships of patients, redirecting patients' interests in the process of adjustment to their disabilities, improving patients' abilities in activities of daily living, and teaching reality orientation for confused patients. The Reality Orientation Program has been expanded to three wards after significant progress was demonstrated during the first year of the program. Formal Reality Orientation Classes, taught primarily by Mental Health Specialists, are continued in the wards on a 24 hour basis by all staff.

Basic education and inservice training activities for the Nursing Staff emphasized individual treatment and greater in-depth understanding of the patient. In addition to basic education classes for new personnel, existing staff had the opportunity to continue their education through workshops and off-campus seminars and conferences conducted throughout the year.

ACTIVITY THERAPY

With the addition of an Occupational Therapy program to the services available at Tucker Center, Activity Therapy Service transferred some activities to the new service and relinquished a position to assist in

staffing the new program. This move was made to provide the additional needed services under the current budgetary limiting circumstances and is considered to be temporary until additional personnel positions can be secured. The optimum level of one patient activities staff member for each of the Center's six wards will continue to be the goal of the program.

It has been possible to continue to offer a broad spectrum of therapeutic recreational activities and leisure outlets with the assistance of part-time student personnel that have been available from various programs. Although indoor on-campus activities continue to be emphasized, interest is growing in the hortitherapy program which has grown considerably since last year. The addition of a special bus for handicapped persons has further enabled the activities staff to expand programs into the surrounding community, giving even the most physically impaired patients the kind of experiences that will enrich their lives.

PHYSICAL THERAPY

During the fiscal year, the Physical Therapy Department provided 3,033 individual treatments which was comparable to the preceding year. In 1975-1976, however, the number of referrals increased, more patients received treatment and the number discharged was larger. As a patient reaches the level of maximum functioning ability, emphasis is being placed on maintenance treatment with the effort to prevent injuries, increasing deformity, pain or further physical regression. The Physical Therapy Staff is working with Nursing Service to establish an ongoing physical maintenance program.

For six months during the year the physical therapy staff worked at Byrnes Clinical Center two mornings per week to assist in the post operative rehabilitation of orthopedic surgery patients at that facility. This program was eventually terminated when the patient treatment load at Tucker Center again increased.

OCCUPATIONAL THERAPY

In October, 1975, a Registered Occupational Therapist was employed to organize and implement an occupational therapy program at Tucker Center. In addition to the Occupational Therapist, the department was staffed with two Occupational Therapy Aides.

During the nine months since the program was organized, the staff has provided 4,228 individual treatments in a variety of settings. Much of the treatment has been accomplished in groups with individualized treatment reserved for the more severely impaired and the feeding program. Occupational Therapy services are provided in the areas of

remotivation, sensory stimulation, activities of daily living, and adjustment to specific tasks.

Although some equipment was available, considerable time has been devoted to assessing program needs and securing appropriate materials and supplies. The most significant addition to the Occupational Therapy Department has been a kitchen unit designed especially for handicapped persons. At this time plans for placing this unit in service are being completed.

SOCIAL WORK SERVICE

Personnel within the Social Work Service concentrated on casework activities with emphasis on assisting patients and families with financial matters. Applications have been completed for Medicaid, Supplementary Security Income or Veterans Benefits on all patients wherever possible and social work data has been audited and found to be complete on all patients.

Social Workers have continued to play a major role in the ongoing operation of pavilion treatment teams during the year. Responding to the increased emphasis placed on long range discharge planning by the various licensing and accrediting organizations, the Social Work Staff has devoted considerable time to the development of appropriate discharge arrangements and alternate care placement for patients whose physical condition permitted discharge.

It is the continuing objective of the Social Work Program to place patients in the most appropriately independent living arrangement that the individual's residual impairments will permit. This is the desired end result of long term rehabilitative treatment.

PASTORAL CARE

The Office Of Pastoral Care underwent some minor but significant changes in programs in adjusting to the increasing emphasis on Skilled and Intermediate Long Term Care as Tucker Center's mission moved further from the strictly psychiatric orientation that had existed in previous years. In developing programs and activities, the Clinical Chaplain has sought to assist patients in applying their particular religious beliefs to their daily life experiences and to support them in the continuing process of adjustment to institutionalization, infirmity and other losses.

The Pastoral Care Program has depended upon limited assistance from part-time personnel since the program was established at Tucker Center. If funds are available plans are being developed to increase personnel assistance within the coming year, especially in the areas of

musical accompaniment for Sunday Worship Services and Special Programs.

VOLUNTEER SERVICES

Individuals and organizations from the community who have given time and gifts through the volunteer services program have contributed significantly to patient treatment and care at Tucker Center. Two new groups and a number of individuals have joined the volunteer program at the Center during the past fiscal year, providing activities on a scheduled basis. Other groups have sponsored special events or patient parties for the first time this year.

The *Tucker Center Volunteer*, volunteer newsletter, has proven to be a valuable way to communicate with current and prospective volunteers. The newsletter has resulted in the recruitment of new volunteers and contributions toward the acquisition of needed items that were otherwise difficult to obtain.

Future emphasis will be placed on development of a more formalized program when a policies and procedures manual is completed. Increased recognition for volunteer contributions is also a major objective of Volunteer Services through improved recording of volunteer hours and donated goods.

ADMINISTRATIVE SERVICES

REGISTRAR SERVICE

Activity in the Registrar Service during fiscal year 1975-1976, placed considerable emphasis on improvement of procedures and updating record systems in addition to the routine functions of the service. A number of major projects were undertaken during the year that resulted in improved medical records for the facility.

A checklist was implemented for use in auditing records by the Medical Records and Accreditation Committee for accuracy and completeness of the record. The chart cover sheet in use at Tucker Center was revised and new cover sheets were prepared; personal data on all patients was simultaneously updated with this project. A new Addressograph machine was placed in service and new ward plates have been completed for all patients containing the most current information available.

During 1975-1976, a total of 56 admissions were recorded with 53 discharges and deaths. A total of 95,261 patient care days were recorded for the fiscal year.

SUPPLY AND SERVICES

The Supply and Services Department has continued to provide support to Tucker Center programs in the areas of supply, housekeeping, linen control and internal laundry operations. Supply functions have been accomplished with no difficulty during the past year. Housekeeping operations under the supervision of an Executive Housekeeper in each pavilion, have also been carried out without any major problems during the period.

Problems have continued to occur with arrangements for linen service and laundry. Frequent complaints with the agency providing laundry service have been necessary to maintain adequate service. At the close of the fiscal year, laundry service for most bed linens had improved and the majority of clothing items were being laundered at Tucker Center. Internal laundry production has continuously increased and is accountable for the present favorable level of readily available linen and clothing.

FOOD SERVICE

Food Service operations were conducted during the fiscal year with minimum problems. All requests for assistance with special activities were filled within the resources available.

Although there were a number of employees who required extended sick leave, food service operations were carried out utilizing temporary personnel. The food service staff is relatively stable with very little turnover in personnel.

During the year, food carts used for on-ward meal service were overhauled and four (4) electronic fly and insect traps were installed in the dining and food preparation areas. There are some minor problems that remain to be worked through in the coming year but Food Service has completed fiscal year 1975-1976, in a relatively good position.

ENGINEERING

Buildings and grounds maintenance was accomplished with little inconvenience to patients or treatment staff despite a manpower shortage that existed for much of the year in the engineering staff.

Buildings of the facility have been maintained in good order with general preventive maintenance and minor repairs consuming the majority of staff time. The painting program, begun in 1974-1975, was temporarily suspended until personnel could be freed from other responsibilities. It is anticipated that this program will again get underway in late summer.

The engineering staff continued to maintain the campus grounds and improve the appearance of the lawn areas. Motor vehicle maintenance and minor repairs are carried out by the facility staff in the majority of cases, on the ten vehicles at the Center, including the new bus for handicapped and elderly patients.

Tucker Center Engineering Staff during the year gave support and assistance to contractors working on projects at the facility. This included a project to improve and expand the fire detection and alarm system and projects to develop pavilion courtyard areas for greater patient use.

DIVISION OF COMMUNITY MENTAL HEALTH SERVICES

DEPUTY COMMISSIONER'S REPORT

The year 1975-76 was a very active, complicated one for the Division of Community Mental Health Services. The complications stem from the fact that while there has been an increasing demand for extension of existing services and the development of new services, we encountered an 8 percent decrease in state funding as well as a freeze on manpower expansion. In addition, planning had to be initiated in response to the passage of the new centers legislative (PL 94-63) without the regulations. But even in the midst of these difficulties, there was a tremendous amount of activity. This resulted from ever increasing demands for services, from the continuation of efforts generated by the Division's reorganization in early 1975 as well as the passage of the new federal law.

The renewed thrust (from reorganization efforts) has fostered additional linkages between the Central office (Office of Deputy Commissioner) and the staff and board of our centers and clinics through more effective and/or new communication networks and channels. In addition, there have been more opportunities for board orientation, training, and input for the purpose of upgrading the management and delivery of services to the citizens of this state.

The results of these endeavors have been reflected in:

- a. Broadening the availability of immediate help through:
 1. Expansion of services in satellite offices;
 2. The development of inpatient units in conventional hospitals; and
 3. An "on-the-spot" intervention project for family and emotional crises.
- b. Extending services in the community by enhancing the functions of caretakers through:
 1. The provision of emergency orientation;
 2. The provision of training and consultation pertaining to emotional problems and mental disabilities; and
 3. How such caretakers may be helpful in the process of prevention and rehabilitation.
- c. Encouraging continuity of care by providing opportunities for:
 1. The development of linkages between all the patient helpers;
 2. Transitional services between facilities or types of care; and
 3. Tailoring of the aspects of aftercare to the patients' individual needs and previous experience.

As suggested earlier, the new centers legislation (PL 94-63) initiated tremendous activity for the Division during the past year. These activities flowed out of the basic provisions of the legislation which call for:

1. The continuation of mental health centers legislation with 12 required elements of service including inpatient, outpatient, partial hospitalization, emergency services, children services, services for the elderly, consultation and education (to include promotion of the prevention and control of rape), precare, after-care, halfway house services, alcohol services, and drug addiction services;
2. A program oriented state plan for centers' development;
3. Boards that are administrative and representative of the catchment area;
4. The continuation of previous centers under the old legislation not to exceed two years;
5. The availability of special grants for consultation and education;
6. Expanded efforts for fee collection and reimbursement;
7. At least two percent of total budget to be allocated for evaluation purposes;
8. Financial Distress Grants when grants for initial applications expire either under the old legislation or the new but not to exceed three years;
9. A 45 day allowance for the state agency to comment on any grant application;
10. A 45 day allowance for the secretary of HEW to approve or disapprove the grant;
11. A period of two years for the centers to develop all 12 services at least in some instances;
12. Planning Grants not to exceed \$75,000 with special consideration for poverty areas;
13. Family Planning, Rape Prevention and Control Center at NIMH for primary research and consultation and education, migrant health care, community mental health centers, miscellaneous health services (rat borne diseases), home health services, Committee on Mental Health and Illness for the Elderly, Commission for Control of Epilepsy, Commission for Control of Huntington's Disease, hemophilia programs, and hypertension.

It would be impossible and perhaps impracticable to list the array of outcomes this year. Nevertheless, it should be mentioned that a total of 14 grant applications were submitted for consideration. The results are:

1. The Pee Dee District received approval and funding for both a construction (renovation) grant and for an operations grant.

2. The Horry-Georgetown-Williamsburg District received approval and funding for a planning grant.
3. The Columbia Area received approval and funding for C & E grant.
4. Anderson received approval but not funding for a C & E grant.
5. Lexington received approval but not funding for a planning grant.

The eight remaining applications were resubmitted on June 16 for further consideration. It is the Division's hope that the reviews will be favorable to those requests.

Despite further restrictions by the Budget and Control Board on an already existing "freeze" on vacant positions, we have been able to maintain our approximately 650 employees. Extension of our CETA contract (employees hired under the Comprehensive Employment and Training Act, Title VI funds) enabled us to retain those employees. Although our personnel strength remained the same, limitations were placed on salary adjustments for employees. In addition, allowable increments for merit increases were reduced considerably and increases for reclassifications were suspended unless an increase was necessary to place the salary at the minimum of the new pay range.

Support was continued for consultation in mental health education, pastoral services, and for inservice/staff development. The newly established mental health education component in the Office of the Deputy Commissioner experienced its first anniversary during the 1975-76 fiscal year. The primary emphasis has been related to task identification. In this context, an assessment of mental health education needs, concerns, and demands was pursued, a survey of mental health education activities currently existing in the clinics and centers was undertaken, and an inventory of methods, materials, manpower, and other resources was made.

Furthermore, a variety of individual and group conferences and staff inservice education activities were conducted with the personnel of seven clinics and centers based on needs for particular knowledge and skills relevant to the planning and programming of mental health consultation and education services. In addition, some connections were made with other social institutions, i.e., education where special workshops were planned in cooperation with local school districts for their teachers and other personnel. Many of these, as well as other endeavors, were in response to invitations extended by chapters of the Mental Health Association for assistance in the provision of mental health education to their constituencies.

Pastoral services were provided primarily in the area of consultation for chaplains in the five institutions and the eleven community mental health clinics and centers about pastoral services for patients/clients and

continuing education for community clergy in areas of pastoral care and counseling, family relations, marriage counseling, crisis care, social change and mental health. In 1975 about 1,000 community clergy participated in such programming.

In addition, the services focused regularly on certifiable Clinical Pastoral Education in six accredited centers at South Carolina State Hospital, William S. Hall Psychiatric Institute, Morris Village, Columbia Area Mental Health Center, Greenville Area Mental Health Center, Anderson-Oconee-Pickens Mental Health Center. Sixty-six theological students and clergy participated in the programs in 1975.

An 18 minute public relations color film, "Reaching In, Reaching Out," on Clinical Pastoral Education was developed in the South Carolina Department of Mental Health. (Three prints are scheduled months in advance for use all over the country.)

In fiscal year 1975-76, training stipends were given to twelve students in the area of social work (6), psychology (4), psychiatry (1), psychiatric nursing (1).

Divisional training programs were planned by a fourteen member committee, one person from each facility, in cooperation with the Division's training officer. An attempt has been made to provide for an individual center's training needs through the allotment of a mini-grant to each facility. Regional training issues were met through coordinated planning of the facilities in each region of approximately two regional training sessions. Topics covered ranged from specific therapeutic skills to issues of broader programmatic scope. Divisional training issues are spoken to in six seminars or workshops of concentrated study in the area of consultation, management, program development, etc.

Four interagency workshops were developed in cooperation with other state level training officers around worker-client issues in a frank attempt to develop some coordinated and consistent approach to dealing with human service delivery problems when one client is part of a multi-agency system. Agencies involved in such endeavors represented DSS, DHEC, Commission on Aging, Public School Systems, Courts and Vocational Rehabilitation.

PRECARE SCREENING/AFTERCARE/ TRANSITIONAL SERVICES

This service continues to emphasize the use of local resources to prevent hospitalization in a state hospital facility. Local partial hospitalization and inpatient services continue to serve as a major resource alternative. Several clinics have developed limited day care activity programs in addition to precare hospitalization services as a means of offering local alternatives to institutional care.

This service will continue to emphasize the development of local alternatives to treatment. A major goal is to increase community awareness of the mental health center as a resource to families who have emotionally disturbed members. Centers will continue to develop relationships with local probate judges, physicians, and law enforcement that emphasize the need for mental health center involvement in evaluating the treatment needs of patients.

Insufficient personnel make the community coordination efforts needed in this service very difficult to carry out. Limited staffing capabilities necessitate that staff spend a major portion of their time in direct service of crisis patients. The result is insufficient manpower to develop essential community linkages.

Increased accessibility and a widening range of treatment alternatives have been the major points of growth in this service. Following the development of group aftercare programs in counties where an actual or potential caseload of approximately twenty-five patients reside, centers and clinics have emphasized developing the program in other communities within their catchment areas.

The active development of pre-release planning efforts between community and hospital staff has permitted more refinement of intake procedures with aftercare patients. The result has been the greater use of the full range of center services for chronic aftercare patients, in addition to monthly group programs. A major area of growth which warrants attention is the provision of services to the elderly who have been released to nursing homes. Several group therapy programs have been initiated.

Staff continue to try to improve follow-up services through home-visiting and greater coordination and use of community resources; however, personnel and budget restrictions are seriously hampering growth in this essential program area.

The most recent area of program development, transitional services are designed to help patients develop independent living skills so that they can move to the least restrictive level of care. Centers and clinics are being encouraged to contract with existing community resources for room and board arrangements on three levels of care: (1) Short-term crisis; (2) Intermediate half-way house; and (3) Long-term boarding home care. The transitional care program would work with these patients in helping them develop the necessary skills to achieve as independent a level of living as possible.

Clinics and centers are still recruiting and training staff; some centers have developed apartment living arrangements for patients who are also receiving very strong community support services; others are beginning to develop day management programs that include leisure counseling, home management skills, vocational information, and so forth.

This program is very much in the early stages of development, and will emphasize the acquisition and training of staff, and development of programs that help patients enhance their skills of daily living.

PLANNING AND PROGRAM DEVELOPMENT

The Office of Planning and Program Development (OPPD), created in Fiscal Year 1975, is the result of a reorganization within the CMHS Central Office to meet a vastly increased, enlarged operations mandate. The Planning and Program Development section is delegated the responsibility for developing written documents relevant to Divisional endeavors at both state and federal levels. By-products resulting from this assignment are state and federal liaison activities, annual State Plan for Community Mental Health Services, Progress Report summaries, federal programmatic audits, and routine responses to inquiries.

The Office also shares the authority for administration of Titles I and III of Public Law 94-63. Consequently, program development becomes an integral component of the section. The section renders assistance to interested parties in the utilization of Title I (314-d) funds in addition to actively initiating and administering various innovative efforts. The Office coordinates all reports on P. L. 94-63 funded activities.

FILM AND BOOK LIBRARY

The Film and Book Library, the mental health education unit, under the Division of Community Mental Health Services provides communities in South Carolina with resource materials pertaining to mental health concepts and issues. Its services have been available for over 30 years and have been utilized by schools, churches, hospitals, organizations and associations. This past fiscal year these services reached a total of 378,814 persons through its films, filmstrips and cassettes. This does not include the services of the book library which is readily available to students and community persons seeking materials for research or for personal information on the topic of mental health. The library will continue to maintain a strong program and will search for ways to provide an up-to-date mental health program relevant to the needs of the people of the state at the community level.

RESEARCH & EVALUATION SECTION

During the past year we have developed a comprehensive Information System for Community Mental Health Center and Clinics. The system was initiated at two centers on a pilot basis in February, 1976. On July 1, 1976 the system was implemented in four comprehensive centers: Beckman Mental Health Center, Coastal Empire Mental Health

Center, Santee-Wateree Mental Health Center, and Columbia Area Mental Health Center. In addition to the development of the Information System, procedures for assessing the needs for community mental health programs in the community have been initiated. Both the information system and needs assessment procedures were designed to meet the growing demand for accountability to consumers and external agencies.

AIKEN-BARNWELL MENTAL HEALTH CENTER

In this year, three regular staff members left and were not replaced. A new program, Transitional Services, was inaugurated too late to be reflected in our statistics. More people were seen for individual sessions and less in family. Many new groups were started in Aftercare, both within the Center and in outlying areas. Community service hours were reported more accurately. These changes are reflected statistically below.

STATISTICAL DATA

	<i>Persons in Indv. Sessions</i>	<i>Persons in Group Sessions</i>	<i>Persons in Family Sessions</i>	<i>Community Service Hrs.</i>
1974-75	4551	1472	684	2290
1975-76	6565	3418	378	4093.25
	+2014	+1946	-306	+1803.25
% Change	+44%	+132%	-44%	+78%

PRECARE-AFTERCARE

Precare program development has included an agreement with the Aiken Community Hospital Emergency Service staff for Mental Health Center therapists to provide on-call consultation five days a week, eight hours a day. Agreements have been made with two local hospitals and three community physicians to provide precare services within Department of Mental Health guidelines.

The Aftercare staff has been reduced by one person. It continues, however, to provide outreach services, hospital liaison, activity and therapy groups and coordinates monthly medication check groups in three locations.

A Transitional Services program has been added. Staffed by a Mental Health Counselor I, a Clinical Counselor I and a Secretary, the activities take place in a rented house across from the Aiken-Barnwell Mental Health Center. The overall program will promote alternate care placement and develop a living skill learning program for aftercare patients. It is currently providing an activity program for five nursing homes and two boarding homes.

CONSULTATION AND EDUCATION

A needs assessment study done during this year points out that community agencies want more consultation and feedback. We have begun work on this. In addition, we continue to actively consult with ministers, physicians and the school system. Workshops, consultation seminars and dissemination of information on mental health to the local media help us to accomplish our goals in this area.

DRUG AND ALCOHOL RELATED PROBLEMS

The alcohol treatment program has extended its services to provide out-patient detoxification services and an Antabuse program. Clients who cannot afford Antabuse, but who need it, receive it free of charge.

PROGRAM EVALUATION

In 1975-76 an effort was made to evaluate the extent to which our services meet the needs of the community. Questionnaires were sent to professional caregivers (133 social agencies, physicians, ministers and law enforcement agencies) and to clients whose cases were recently closed (118). They were all asked to react to services provided now and to give input into other services they felt were needed. The majority of both groups were satisfied with help received at the center. Of the problem areas noted, some can be corrected now. Others require major program expansion which cannot be done due to lack of personnel and budget restrictions.

Two other steps in the evaluation process are soon to be completed—a computer analysis of our center case-load in 1974 (618) and an analysis of census data for our catchment area. They may help to uncover other problem areas.

FUTURE

For many years our goal has been to attain comprehensive status without the use of federal funds. We continue to work toward this end in a planned, methodical and progressive way. Whether we attain it is dependent on monetary and moral support from Aiken and Barnwell Counties and the State Department of Mental Health.

ANDERSON-OCONEE-PICKENS MENTAL HEALTH CENTER

As in the past, the Anderson-Oconee-Pickens Mental Health Center in 1975-1976 continued to work within the realm of our overall philosophy: "an emphasis on excellence, accountability and quality services; an expression of dignity and respect to client, community and ourselves; participatory program and service development; a sensitivity to our own personal/professional needs while recognizing the necessity of programmatic and organizational needs; posture of openness and honesty in our dealings with one another; and a commitment and dedication both personally and professionally to develop services responsive to the needs of the community which are designed to ultimately develop better mental and emotional health within our community."

Direct services continued to increase significantly. For example new or first admissions increased from approximately 120 to 140 per month. One of the major accomplishments was to handle the active service caseload of more than 1100 from our Center and various satellite facilities while at the same time emphasizing quality.

Indirect services also met with a significant degree of success during the past year; one area being that of Clinical Pastoral Education, an accredited program whereby college and seminary students are actively involved in the total process of our center program for an internship period of eleven weeks. While serving the internship each student is assigned to various programs and carries certain responsibilities in service delivery to clientele. Each student is closely supervised in these activities. Often after the eleven weeks are completed, some students will offer themselves to us as volunteers.

The Clinical Pastoral Education program (CPE) however, was allowed to extend itself further in reaching out into the immediate catchment area as well as several bordering communities, involving clergy and various religious leaders in an on-going consultation and education program with primary emphasis offering consultation and training to area clergy regarding their ministry to persons in the community.

A strong emphasis on Consultation and Education was stressed in 1975-1976. Its purpose was and continues to be one that enhances the mental health of the greatest number of Anderson-Oconee-Pickens county residents, through creation and support of health restoring and maintaining, as well as growth producing experiences and capabilities. Consultation and Education activities are primarily conducted outside the confines of the Center; schools, churches, hospitals and other caregiving agencies and includes the skills of both Adult and Child and Adolescent staff.

A Consultation/Education grant was written by several of our staff in the spring of 1976. The grant was approved though monies were not available for immediate implementation.

The grant encompasses seven programs: Modified Parenting Groups, Law Enforcement, Clergy, Elderly, Schools, Information Resource Material Center, and a Rape Prevention and Control Program. At such time as funds become available, we look forward with much anticipation to expansion of our consultation/education program.

A service which was new to our center in the fall of 1975, but has proven to be most effective, is that of Supervisory Services. This service offers supervision for staff members at all levels of the Mental Health Center operation. Since all persons working in Mental Health Services continue to need supervision throughout our careers, it is essential that adequate supervision be provided. Staff supervision will benefit the clients and community through improved quality of care. As a result of more effective clinical skills and accountability, staff members find greater work satisfaction as work expectations are clarified and feed-back regarding progress occurs. In addition, improvement is felt at the management level in terms of better coordination and control of services.

The importance of accountability within our total program is never minimized. Our Research and Evaluation program has been of vital importance to us in years past, but played an even more responsible part in 1975-1976. The purpose of Research and Evaluation is to render technical support for the objective assessment of treatment and program effectiveness. This purpose is accomplished by: assistance in the formulation and implementation of evaluation procedures; assistance to Center staff in analyzing and interpreting patient, staff, and program data; and providing feedback of research and evaluation findings to Center staff and other administrative agencies. All staff, both professional and administrative are responsible for reporting our activities each day. Thereby, data for this program is fed directly into the Computer Center at Clemson University on a daily basis, giving us access to immediate statistical and program information.

GOALS 1976-1977

Direct Services:

1. With limited expansion of services and personnel to continue developing quality services by refining service delivery already in existence, by beginning some treatment effectiveness evaluation, by reviewing all aftercare groups in terms of medical and social histories, and by setting up a program for basic lab work and medication review of all aftercare patients.

2. To plan the development of special family services.

3. To plan, develop and implement a diagnostic/evaluation and treatment team to deal with all first admissions and readmissions and to develop a short term counseling team or service in response to needs of a high percentage of our applicants.

4. To broaden the scope of the Crisis Center's program by considering information referral and counseling in the area of rape, child abuse, etc., by developing a program in conjunction with consultation and education in the area of widow to widow services, and to begin to specialize in information and referral services.

5. To expand services in the satellites within the limitations of personnel and fiscal resources.

6. Plan, develop and implement problem oriented records in partial hospitalization and other key areas in conjunction with the Department of Mental Health's pilot program.

7. Continue to expand precare-aftercare services, particularly developing a transitional residential care program within the next year.

8. Develop a psychological testing service.

9. Contingent upon Title XX funding, to begin special services to the child development centers throughout the three county areas.

Indirect Services:

1. To implement a consultation and education grant.

2. To broaden our consultation and education program by supporting existing services and developing other services in order to insure a broad based network of services capable of responding to the citizens' mental and emotional needs.

3. To continue and hopefully expand work in the area of consultation and education with clergy, schools, courts, law enforcement, special high risk groups such as the elderly, blacks in the Jefferson School area, and health and social agencies.

4. To continue to develop pastoral services by having clergymen as resources to meet community mental health needs.

In the year 1976-1977 the Anderson-Oconee-Pickens Mental Health Center will begin to place high priority on indirect services. By so doing the Center hopes to effect a better balance between its direct services program and its indirect services program.

Center Administration and Administrative Services:

1. Strong emphasis will continue to be placed on developing a stronger central administration and a more effective administrative support system. Presently the greatest amount of pressure within the Center has been placed upon administrative services. In terms of overall work load, this area is understaffed, and, therefore, it will receive high

emphasis. In addition, because of accountability demands, reporting demands, demands for fiscal responsibility, and the need for more efficiency in caring for professionals' administrative needs, this service must be strengthened. It will possibly grow more than any other service with the exception of Consultation and Education.

Our philosophy as outlined in the opening statement, is one which makes us proud and serves our purpose to care well. Therefore we continue to grow constructively in personal and professional maturity, in wisdom, and in the development of quality services.

CHARLESTON AREA MENTAL HEALTH CENTER

The past year has been unusually productive for us as well as alternatively a confusing and anxiety-provoking one. The confusion and anxiety arose in reaction to the passage of Public Law 94-63 and with our attempt to interpret the revised service mandates in relation to our operation. The general climate of excitement was heightened this year by our reaching the end of eight years on the federal staffing grant, and the uncertainty about where our next meal was coming from, as it were. Fortunately, our anxiety was transformed into generativity, and we are pleased to report some of the areas of progress.

Regarding children and youth services, our staff has become highly innovative and successful in generating preventative programs in the community. It initiated a Parents Anonymous group (directed at abusive parents) which is now self-directing; began a pre-school intervention program with Headstart, and has been active in promoting alternative care resources for youth. These have begun in addition to the continuation of high quality treatment of a large caseload.

The Crisis Intervention Center entered its first full year of operation in a new space and has not only increased its caseload several times over, but has been actively involved in community planning and service-coordination work as well as in community and agency education with several other helping resources in the community. Included in these is a continuous telephone response network.

The Police Training Program in Domestic Crisis Intervention is near completion of its first year of operation and has demonstrated a marked decrease in the rate and cost of crime associated with domestic disturbance. The S. C. Office of Criminal Justice is currently seeking ways to expand and elaborate this program on a statewide basis, and nationally, the unit is responding to a request for week-long training from Illinois.

Our Day Treatment Program, under new direction, is operating at full capacity and is appropriately coordinated with other service elements at the Center.

During the year, the excellent continuing work of our Aftercare staff was documented by state statistics to the effect that our area now shows both the lowest admission rate and the lowest on-board rate in the State Hospital system. Also, in cooperation with outreach staff, programming has begun to elaborate transitional half-way house service in the community.

The Mental Health Inpatient Unit has become increasingly more diverse in its service functioning during this year, documenting an extensive evaluation and referral service for people utilizing the County emergency room. This effort has been aimed at continuity of care.

Our rural clinics in Berkeley and Dorchester counties have been in full operation and have developed extensive consultative and educative impact as well as maintained a significant active case load.

Finally, we are pleased to report a fact that is often overlooked. In accordance with our philosophy of expending resources for people rather than for self-maintenance, we have operated with an administrative/support staff which numbers one-fourth to one-half, on the average, the size of support staff of comparably sized centers in the southeast region of the country.

COASTAL EMPIRE MENTAL HEALTH CENTER

During fiscal year 1975-76, the Coastal Empire Mental Health Center moved into its second year of funding under the federal staffing grant. Where the previous year was a year of initiation of services, this has been a year of continued development of a variety of services and programs. With the help of federal construction grant monies, the second floor for our main office in Beaufort was completed. This provides space for both Beaufort County staff and travelling support staff members. We have moved into recently renovated office space in Hampton County. These offices are provided by the Hampton County Council as part of their budgetary contribution. Our offices in Walterboro have been redecorated and leased to the Mental Health Center for a five year period for one dollar.

We have expanded our out-reach services from one day a week to two days per week in the Allendale County Health Department and from one day a week to two days a week in a county professional office building on Hilton Head Island.

During this year, we have almost completed the gearing up phase of personnel recruitment. In September of 1976, we will have a full time psychiatrist Center Director. This leaves only two positions unfilled. One is for a Psychiatric Section Chief and the other for a Pre-screening and Aftercare Coordinator. Overall we have approximately 45 staff members in our five county operation.

We continue to maintain full time county offices in Beaufort, Jasper, Colleton, and Hampton Counties. Three of these are directed by M.A. level professionals and one by a Ph.D. Psychologist.

With the exception of formal inpatient services, each of the county offices provides all of the traditional five essential services of a comprehensive community mental health center. Some services are more extensive in one county than in another. We have maintained active programs in the areas of alcohol and drug addiction and pre-screening and aftercare. We have begun planning for more specialized children's services programs.

Service areas/programs of special note are: 1) A utilization review committee which addresses the issue of quality assurance by reviewing records to insure treatment plans and adequate service are provided to all patients. In addition to the traditional entries on records, strengths that patients might utilize in coping with their problems are documented. 2) In an effort to increase the involvement with youth in our variety of programs, each county office is developing a youth advisory board to provide input and resources for our children's services programs. 3) The Center is participating in a complete management information system which provides computerized summaries of daily staff activities and documentation of services received by patients. This helps immeasurably in reporting state and federal requirements. In addition it will provide timely information for use in documenting programs to county councils. 4) Through a telephone back-up system, 24-hour emergency services are available throughout the five county catchment area. 5) We have made adequate use of volunteer services in this year and plan to utilize volunteers more extensively in the future. Currently volunteers carry a big load and enable us to have an outreach clinic on Hilton Head Island. In the Beaufort office, a master's level retired social worker provides much needed direct service in doing intakes for that office. 6) There have been a variety of groups/workshops in the five county catchment area of both therapeutic and public interest nature. These include assertiveness training groups, yoga, parent training, family life growth groups and workshops, transactional analysis, weight control, exercise and relaxation groups, field discussion groups, and gestalt therapy workshops. 7) We will have completed our first annual needs assessment during this fiscal year which will include the utilization of 1970 census demographic data, a stratified survey of a paper and pencil variety of the general population, and a written survey of key informants in the various communities. This will serve as a basis for future program decisions and directions. 8) A chronic problem of transportation for the rural poor has been partially solved through contractual agreements with individuals to provide this transportation on a case by case basis.

In the area of financial planning we have established what appears to be a sound funding basis. All counties in the catchment area are contributing to the program and fees during fiscal year 1975-76 doubled from the previous year. General fee collection is expected to almost double again during the next fiscal year thus providing the general increase in funding which will be necessitated by the gradual reduction of the federal portion of our funding sources.

Future plans call for submission of an operations and/or conversion grant to provide necessary funding to meet the requirements of the new mental health services law. We are currently planning to be able to meet community mental health services accreditation standards, to implement the administrative section of the new mental health services law in the coming fiscal year, and begin implementation of the additional services required. The next fiscal year should see a stabilization in our personnel basis and a refinement and expansion of services to the residents of the catchment area.

COLUMBIA AREA MENTAL HEALTH CENTER

A number of highlights experienced by this Center during the past fiscal year, added greatly to growth of the mental health movement in this region, and perhaps to Staff and Board wisdom for future developments and for the efficient management of available resources:

a. After eight continuous years of receiving Federal financial assistance in the Comprehensive Community Mental Health Center programs, this Center's grant expired on August 31, 1975. The loss of \$381,000 of Federal funds was not replaced with local and state appropriations as anticipated and originally planned. State funds were available, but county funds either were reduced or remained at the same funding level of the previous year. This resulted in internal controls for staff reduction through attrition, utilization of construction funds for operating expenses, and austere spending for the bare essentials.

b. The fiscal year started under a new Director whose outlook was to devote nearly 100% of his time to total management of Center operations. With this premise, the Quality Assurance Program was developed to reassess service delivery and to provide high standards in this delivery. The final enactment of Public Law 94-63 which became effective July 29, 1975, had a great deal to do with this philosophy since expected mandates eventually would require the establishment of governing responsibilities, evaluation, review and accountability. It provided for extended services beyond the original five essential services. Except for transitional living and services to the Elderly, this Center had already extended capabilities to provide services for children and Addicts, pre/

aftercare, Research/Evaluation and the training of mental health professionals.

c. Following the receipt of the new Public Law, which was the "Revision of the Community Mental Health Center's Act of 1975," and the instructions received from the National Institute of Mental Health (NIMH) in the latter part of the fiscal year, three grant applications were submitted by this Center:

- (1) For Financial Distress showing the expected level for service delivery but lacking resources.
- (2) For Conversion to provide services for the Elderly and Transitional Living for those needing mental health assistance and who were able to function in the community with some minor direction.
- (3) For Consultation and Education (C/E) which would provide for incentives in collecting fees for service.

Of the three, C & E was approved for funding with some provisions. The Conversion and Distress were deferred for additional information which would be reviewed at the beginning of the next fiscal year.

The Inpatient Service located in Richland Memorial Hospital (RMH) maintained an occupancy of 49.33% to 60.71% or a range of psychiatric days of 3.6% to 5.8% of the total hospital patient days. Of the 611 beds capability 32 are for psychiatry or 5.23% of the total capability, the average daily census of Center admitted patients was 10.6.

Up until the first of June, when a new Chief of Inpatient was employed by the Center, activities for the Inpatients were conducted within the Day Care programs of the Center. Now all Inpatient programs are on the ward and available to all patients regardless of admitting physician.

Training for hospital staff by Center personnel began in a more intensified didactic manner to assure the best possible patient care on this floor.

A new medical record was developed to satisfy requirements of the Joint Commission on Accreditation of Hospitals and, also, meet the needs of Utilization Review and Medical Audit Committees.

A new Information Gathering System, developed by the Division of Community Mental Health Services, was implemented on July 1, 1976.

Considerable effort was devoted to justifying and defending budget requests with County Councils during the year.

1. *Consumer Services:*

There were 5,028 open cases at the close of June. The monthly admission rate averaged 213.

2. *Outpatient Services* made a significant change in the intake process providing less patient confusion and smoother flow. One therapist conducts the intake and presents to the multidisciplinary treatment

team which then develops a treatment plan. Outpatient contacts averaged approximately 1,734 per month.

3. *Child and Adolescent Services (C/A)* continued to offer the original five essential services. C/A Partial Hospitalization developed an innovative program involving contracting with Lexington County District II whereby selected staff members went into the Special Education class to both work with the students and instruct the teaching staff. The day care and residential Summer Camp Program continued, involving 60 patients in four camp cycles.
4. *Inpatient Services* averaged a daily census of 10.6. The patients were housed in Richland Memorial Hospital (RMH) and for most of the year were integrated into the day care program of the Center. In June a new program was developed whereby the entire inpatient treatment is conducted on Ward 11E in RMH. Training of hospital staff continues.
5. *Partial Hospitalization Services (P.H.)* averaged a daily census of 16. Close relationships exist between P.H. and Community Resources. Training programs for nurses, residents, etc., have been developed and implemented. Family involvement is encouraged to provide a more favorable aftercare setting. The program includes individual and group therapies, recreational activities, and the learning of coping skills.
6. *Consultation/Education Services (C/E)* focused its efforts toward consultation with key agencies and organizations. Through its efforts Lexington County applied for a planning grant to establish its local mental health center. The grant was approved but not funded this fiscal year. Clergy support groups were developed in several outlying towns in the catchment area. A Public Awareness Committee was established to plan a higher public profile for the Center. The C/E Service assisted the Patients' Rights Committee in the development of a Citizen's Advisory Committee to include consumer representation from the entire catchment area. This committee will provide community input to the Center Board of Directors. Volunteers were recruited, trained and utilized by all services, specifically in the aftercare area.

Initial planning has taken place to provide the additional services required to be in compliance with the Community Mental Health Centers' Amendments of 1975.

Inservice Training programs to remedy any weaknesses or deficiencies identified by the Quality Assurance Program are in the planning stage.

GREENVILLE AREA MENTAL HEALTH CENTER

This is the twenty-sixth Annual Report of the Greenville Area Mental Health Center. The Center has completed a successful year and is looking forward to Fiscal Year 1976-77. Although fiscal limitations prevented growth in some planned areas of expansion, the Center made considerable progress.

The Center and its satellites are firmly established in the respective communities. During 1975-1976 when funds were not available for additional staff, emphasis was placed on improving the quality and efficiency of services and expanding into new areas within the limits of present manpower.

The Center provides the following services at all locations: outpatient diagnostic and treatment services for adults, specialized services for children and adolescents, precare screening, "walk-in" emergency services, aftercare for former hospital patients, addictions counseling, and consultation and education services. Some programs are centralized at the Grove Road location and serve the entire county. Crisis Intervention, a twenty-four hours a day, seven days a week hotline, serves the Greater Greenville Area with toll-free service to the entire catchment area. The volume services rendered by the coordinator and the staff of volunteers has continued to increase annually.

The Greenville Area Mental Health Center and the Marshall I. Pickens Hospital operate a partial hospitalization program. The twenty to thirty patients in day treatment participate in group therapy, occupational therapy, recreational therapy, resocialization activities and individual and family counseling. The admitting physician follows the patient medically.

Physicians of the Center refer patients to Marshall I. Pickens Hospital for inpatient care. For patients who need inpatient treatment and who have no resources to pay for care, the Center has limited funds to sponsor a patient for up to three days.

The Center received "seed money" this past year to initiate a community living project for some county residents in the state institutions who could live in the community if living facilities were available. Project PACE was begun in the spring of 1976 with three female patients sharing an apartment and sharing expenses as their resources permit. The patients receive the mental health care need at the Center.

All consultation and educational programs were continued during the past year. The Center has consultative arrangements with most of the other community agencies. In addition, the Center developed a contract in late 1975 with the South Carolina Department of Corrections to provide consultation and group therapy services to three correctional

facilities in the Greenville Area. Staff of the Center has been active during the past year in further developing a Rape Crisis Program for Greenville. This service is under the sponsorship of the Greenville Rape Crisis Council. The Center has been planning for the expansion of consultation and education services and submitted a grant application for additional funding to the National Institute of Mental Health in April, 1976.

All of the training programs of the Center were continued in 1975-1976. The Center has teaching-training agreements with the University of South Carolina School of Social Work, Greenville Family Practice Residency Program, Greenville Technical College, Clemson University School of Nursing, and area undergraduate colleges. The Director of the Center leads and supervises a group therapy training program for Center staff and community caregivers. The Clinical Pastoral Education Program has become one of the outstanding training and consultative services of Greenville County. This service provides a superior clinical training program for area pastors and seminary students and on-going consultation to pastors as they counsel with troubled individuals in their communities.

The Center has an outstanding inservice training program. These educational experiences are provided to the staff on a regular basis with timely topics and expert leaders selected. The Center also coordinates an interagency inservice training program which is held monthly. The attendance often exceeds 100 from the various community agencies. The programs are held at the Scott Towers Auditorium.

In order to improve public relations and to enhance public information and education, the Center contracted for the services of a public relations consultant. He is a former news writer and works for the Center on a very limited basis. This was begun in late 1975 and will be continued. The results have been very encouraging with radio spots, television exposure, news releases and features. The Center will publish its first newsletter in July, 1976 and this will be mailed out to numerous agencies and individuals.

Great progress has been made during the year in the Research and Evaluation Unit. The Center has a contract with the Department of Psychology and Computer Center of Clemson University for research and evaluation services. During the past year this Unit really became established in a meaningful and effective way which now makes program evaluation a reality.

The specialized program for children and adolescents is now in the third year. The cooperative work with the Greenville County School System is rewarding and is reaching many children. This service has grown to the point that the staff members have excessive case loads. Growth is expected to continue into the new year.

All of the specific program achievements of 1975-1976 are too numerous to mention in this report. In summary, Greenville Area Mental Health Center continues to evaluate community needs and attempts to be responsive to those needs. The services and programs have grown over the years and the Center is a highly respected community agency.

As the Center ends a successful year and embarks on a new year, there are several needs that should be mentioned. For the staff, a full time child psychiatrist and a full time psychiatrist for adult services are the major needs. Medical coverage is adequate presently. Additional data collection personnel and clerical staff are needed for the evaluation unit. A full time additional staff member is needed for consultation and education services. The grant should alleviate this situation when it is approved and funded.

The Center provided the leadership, planning and expertise for the development, writing and submission of an initial operations grant application for a comprehensive program for the Southern Catchment Area. A new Board structure for the entire county has been developed and is currently in the process of being approved. This structure should be implemented in the fall of 1976.

An exciting future lies ahead for the mental health programs of Greenville County. There will also be some difficult times as federal funding decreases and in some cases is discontinued. The administration and staff accepts the challenges of the future optimistically.

MENTAL HEALTH CENTER FOR HORRY-GEORGETOWN-WILLIAMSBURG COUNTIES

There has been a definite trend to have this Mental Health Center provide more direct services, and this was noted in the continued expansion of direct services during the year 1975-76 with an estimated 450-patient increase. However, if this Mental Health Center is to meet the total community's need in what the community feels are mental health problems, then a consultation-education approach still appeared to be of primary importance. Recognizing that a community mental health center has a large responsibility of a prevention and early detection nature, it is felt that consultation, with education, will lead to a preventive program in the community.

Several staff changes made during the year, including three losses and four additions, resulted not only in the expansion of clinic hours, but the expansion of clinic programs. There was an increase in the number of programs for individuals receiving group therapy, including aftercare groups, alcohol and drug groups, children's groups, parents' groups, and growth groups. Due to expressed need of certain groups, agency hours were expanded to include evening and weekend hours, not only for

some groups, but also for certain patients who found it hard to come during normal 8:30-5:00 clinic hours.

The addition of a physician to the clinic staff meant increased services to patients in need of medication and medication checks and, also, an increase in the number of commitments to the State Hospital through the Mental Health Center.

The psychologist employed during the past year is also an ordained minister. He has scheduled regular meetings with ministerial groups in all three counties and has provided informational workshops relating to mental health center services and programs with ministers. Also, this addition has enabled the Clinic to make greater use of testing materials, and a more extensive use of psychological evaluations have been initiated. On a selected and contracted basis, psychological evaluations have been provided for Head Start and some regular school children.

In order to provide sheltered family placements for chronically dependent individuals who will be discharged from the State Hospitals, the Sheltered Living Program was initiated with the hiring of a mental health counselor.

The first step on the road to becoming a Comprehensive Community Mental Health Center took place during the past year with the formulation of a Planning Grant. This was submitted and approved by HEW, and plans are being made to hire the personnel necessary to assess the needs of the community. Due to some very unique aspects of the catchment area — large geographical area, scattered population, three clinic offices in three counties, requests for uniform services — it is expected that a major portion of time during the next year will be devoted to this project of research, planning, and implementation.

Overall, one goal of this Mental Health Center is to continue to meet the needs of the community by offering a well-rounded program of services to the tri-county area and to continue to grow and to develop additional programs to meet arising needs in the future.

ORANGEBURG AREA MENTAL HEALTH CLINIC

On June 30, 1975, the active clinic patient load was 166 patients under age 18, and 499 patients over age 18, for a total active patient load of 665. This number was carried over into our 1975-76 year. During the year we had 807 new admissions, and as of June 30, 1976, the active clinic patient caseload was 1,055 total. Of this figure, 272 were under age 18, and 783 were over age 18. This shows a net increase of 390 active patients or a 59% net increase.

During the fiscal year, the clinic provided 3,675 man-hours of consultation and education to the community. Of this total, 2,829 hours were

during clinic hours, and 846 were after clinic hours. The after clinic hours C & E were provided by staff members on a voluntary basis. The services of the clinic were made available to all agencies within the catchment area, and most of these agencies took advantage of this service. Specific workshops sponsored by the clinic were counseling with the aged; workshop on death and dying; behavior modification workshop for Headstart; and Magic Circle workshop for St. John School. Various other programs and speaking engagements were provided by staff members on a variety of topics.

Community priorities as determined by the Plan of Operation 1975-76 include the recruitment and hiring of a full-time medical director and the continued development of a precare/aftercare program. In Orangeburg there were 1,046 aftercare patient visits to a psychiatrist. Bamberg and Calhoun Counties also received psychiatric coverage during once a month aftercare clinics. An activities program, one day per month, has also been established in the three counties.

The clinic has offered consultation and backup to the local Alcohol Commission and its program, but also continues its evaluation and treatment program.

There has been established within the clinic, a children's services unit which includes two staff members. Consultation and education programs were carried out in various school settings for both children and teachers. Case consultation was also offered on an individual basis. Therapy groups, specifically for children, were established in the clinic. A child psychiatrist was made available for case consultation, differential diagnosis, and treatment.

Part-time satellite operations in both Calhoun and Bamberg Counties have developed. There has been established a one-day per week part-time satellite operation in both counties. On Wednesdays, a team from the clinic goes to St. Matthews and provides consultation and education, direct services, and aftercare follow-up and activities. On Fridays, a team goes to Bamberg County and provides basically the same services.

The clinic chaplain has established area minister's groups in the various counties. There has been formed a Pastoral Services Advisory Committee. Consultation and education services have been offered to several agencies, nursing homes, and various ministers on particular cases. Our chaplain has provided educational services to the volunteer hospital chaplains at the local hospital. He went on a weekend Youth Retreat with a local church and is involved in several educational projects for youth groups.

During the calendar year 1975, there were 116 referrals from the Family Court in Orangeburg. The clinic is deeply involved in court

evaluations and offers follow-up services for persons released from the State Hospital by the probate judge.

One major objective was to exceed fee collections and third-party payments of the previous year (\$19,000.00). Final figures show a total amount of fees collected of \$47,281.00. It also shows a net Title XX reimbursement of \$36,300.00, for a grand total of \$83,581.00 monies earned for services provided.

Volunteers proved to be an essential asset to the program. The clinic utilized four UYA student volunteers from S. C. State, two nurses doing psychiatric internship, one V.R. intern, one undergraduate intern, and one other master's level intern. These persons were assigned to experienced staff members for direct supervision of their activities.

In conclusion, it is felt that the clinic has done an outstanding job. The clinic will continue to meet the immediate needs of the community until a comprehensive program can be established.

PEE DEE MENTAL HEALTH CENTER

Florence County Adult Outpatient Unit

This Unit has begun examining its programming through quarterly planning conferences. (1) One major outcome thus far: the decision to pursue a brief therapy format. Presently we are in process of staff education in its principles. Other outcomes: (2) more intensive staffing of cases; and (3) support group for staff. A 3 day camp experience for children and teens this summer proved successful. A volunteer program was started, with 2 volunteers assisting with client reception during periods of heaviest activity. School contact increased much through services of a full-time school liaison worker. Satellite services in Lake City increased with 2 workers one day a week providing aftercare services as well as regular outpatient services.

Darlington County Satellite

The Darlington County Satellite Office moved its location in June, 1976. The new facility is found to be more adequate in areas of staff and patient comfort, privacy, and safety. Our Aftercare Program is now serving 40-50 patients on our Aftercare Day. We have an enthusiastic group of volunteers which now includes an RN to help with the psychiatrist and with administering shots. Another development has been in the area of community relationships: The Darlington County Interagency Council was formed this year — our office was instrumental in its promotion; referrals from other agencies and local physicians have increased.

Marion County Satellite

This office moved into new quarters in July, 1975: an attractive house on Main Street, roomy and well suited both for direct service and for education activities. Community interest was clear in the contributions of furnishings and help and a fine new sign; and also in more referrals, from more referral sources. PR activities continue. Aftercare service to patients has increased substantially in numbers and in associated socializing and activity, possible through excellent cooperation from volunteers in the community. As for crisis service, we have had an increased number of walk-ins and emergency situations.

Special Services Programs

In April of the past fiscal year, a new Coordinator of Special Services was hired to establish and implement three basic programs:

(1) Child & Youth Services — Total staff presently for three counties is 5, three school liaison workers and two doctorate-level psychologists, one of whom is the Special Services Coordinator.

(2) Services to the Aging — RSVP volunteers have been working at the Pee Dee Mental Health Center in a receptionist capacity, and a working agreement between PDMHC and the Area Agency on Aging was signed.

(3) Alcohol and Drug Services — The search goes on for an Addictions Specialist; close contact with community alcohol and drug agencies continues.

Emergency Services

The basic pattern of operation of the Help Center for Crisis Intervention has remained stable during fiscal 1975. A major change has been the development of an interlocking telephone arrangement with Hotline, Inc. which enables Crisis Center Staff to respond to Hotline calls when a regular volunteer is not available.

Fiscal 1975 also saw development of a rotating "on-call" system among PDMHC staff members which enables us to provide twenty-four hour emergency services every day to citizens of our catchment area. The new director of the Help Center came in midyear. Other Staff remain the same.

There was a fifteen percent increase in the number of new cases opened; a decline in the number of drug and alcohol related cases since opening of the Florence County Detoxification Center in midyear.

In-Patient Unit

The psychiatric unit at Florence General Hospital is staffed with the same number of original budgeted positions. The physical facility re-

mains unchanged with the "Quiet Room" uncompleted and therefore not utilized.

We run approximately 71.5% occupancy, with an average stay of six weeks. Since the opening of the unit we have enhanced programs by involving patients in the Day Treatment program and by activities at a local church.

We have formal treatment plans now incorporated in the chart, updated as necessary, showing plans for termination and discharge. Behavior modification is one treatment approach used.

Day Treatment Center

The staff of the Day Treatment Center consists of three full-time and two part-time people. Our patient population has been between 12-17 people at most times, with gratifying improvement in some patients who had been in other settings without significant improvement.

We have used four volunteers on a regular basis in the areas of nutrition, exercise, arts and crafts, and music.

We made innovations in group therapy: (1) with rotation of group leaders and time slots, and (2) with introduction of psychodrama as a regular treatment. In this we also have trained other Center staff. Cooperation between ourselves and the inpatient unit of the center in the past year greatly increased. We experienced more community support, and also served as a training facility for local students.

Precare and Aftercare; Transitional Residential Treatment

Aftercare grew and was getting better organized until loss of its coordinator. Has expanded also into both Marion County and Darlington County (at Hartsville) locations, and into lower Florence County (at Lake City). Grant plans for transitional residence was approved, has been implemented as the Mills Olanta House in that lower Florence County town. It has 16 patients and continues well accepted by the community.

Precare now includes a regularly used working relationship with McLeod Hospital Annex for care up to 72 hours, and an agreement with the Wilson Clinic in Darlington to medically assist with selected precare situations.

Pastoral Services

Bi-weekly clergy support groups are held in Florence and Darlington counties, with individual pastoral counseling and church program consultations held throughout the catchment area. Educational emphasis for pastors have focused on "clergy as hospital chaplain," "clergy and the dying person and his family," and "orientation to mental health services for clergy." Direct pastoral services include worship services for inpa-

tients, pastoral concerns group for day treatment patients, consultation on religious issues and problems for outpatients, and limited outpatient pastoral counseling around the issue of grief.

Consultation-Education

Most of our six months of life has been spent doing needs assessments, program planning, and conversion grant writing. An organization design was conceived and approved. Case consultations and staff development for DSS and Church and Public Health have been our business. Community education was emphasized by an eight week "How to be a Better Parent" course for parents in Marion County. A comprehensive consultation contract is now being negotiated with DS Services in our catchment area.

Administration and General Comments

A great deal of thought and effort has been put in jointly by us all on clarification of roles, and on moving into a more business-like organization. We also have done detailed preparation work on three federal grants for the future: a switch to an Operations Grant to maintain our basic services in the next fiscal year; a Renovation Grant to make more efficient and provide more office and activity space in the headquarters building; and a Conversion Grant to make it possible for us to provide the additional services on a comprehensive basis, the twelve services as mandated in Public Law 94-63.

We felt strong limitations in this year of general financial tightness and uncertainty, including limitations from some vacancies in key positions, particularly in the psychiatric section chief and the nursing position which coordinates Precare and Aftercare and Residential Transitional treatment.

The Board organized into functional committees to carry on important work between board meetings; the Board of Directors also put energy into a special fund raising drive from cooperations for the Renovation Grant mentioned above.

SANTEE-WATEREE MENTAL HEALTH CENTER

The fiscal year 1975-76 has been a full and active one for the Santee-Wateree Mental Health Center. It has been characterized by continued growth, examination and refinement of program elements and continued commitment to a quality mental health program by a dedicated staff.

Three major areas have received special attention over this past year:

1. *Children's Service* — Children's Service Teams are fully staffed and operational. A team of three professionals and a clerical staff

member are located in each of the four counties in the catchment area. Emphasis has been placed on developing relationships with other organizations concerned with children, identifying those children and their families in need of evaluation and treatment and offering direct services. Within each county, teams have developed good working relationships with each other and are being seen as a valuable asset to their respective communities. A consulting Child Psychiatrist has been of help to each of the teams in expanding their skills.

2. *Consultation and Education* — It is recognized that a major component of the Children's Service is Consultation and Education. This recognition came very early and because of this fact, emphasis was placed on increasing staff skills in this area. A two-day intensive workshop was held for both Children's and general staff with follow-up sessions being held on a regularly scheduled basis. An outgrowth of this increased attention to Consultation and Education services was the recognition of the need for greater organization in this program. Efforts are in progress to clarify administrative structure and program direction.

In addition, a four-part needs assessment of the catchment area was begun with two of these sections being completed during this past fiscal year. These were surveys of samples of active patients and of school personnel. The two remaining sections, i.e., surveys of the helping community and of the general public, will be completed during this coming fiscal year. Valuable information has been, and will be, obtained from this assessment.

During the past year, two major workshops were held, one focusing on increasing skills of nurses and the other, of ministers. The latter led to the organization of an ongoing group of Center staff and ministers, meeting bi-monthly. A similar group of ministers was organized several years ago in Kershaw County.

3. *Precare/Aftercare Services* — Major emphasis has been given to clarifying the area of Precare/Aftercare. Relationships have been strengthened with the state facilities. Aftercare patients have been more clearly identified with concern being given to the current services received and their appropriateness. Emphasis on outreach efforts is reflected by the number of home visits which have increased by 250%.

In addition to these activities, a design for a Transitional Living Program was developed and approved. It is planned that a range of transitional residences will be developed for those persons returning to the community after a psychiatric hospitalization. It is anticipated that this program will be functioning by the fall of 1976.

While emphasis has been placed on the areas discussed above, the other components of the program have not remained static. Outpatient services continue to be highly utilized with an increase of 15.8% in

patient hours. Teams, covering hours the center is open, have met the requirement of offering outpatient service quickly and effectively. Partial Hospitalization has added an additional day of service. Emergency Service has continued to meet the after-hours crisis needs of the catchment area. Inpatient Services function most adequately with a comprehensive program being offered by that staff.

With the addition of Children's Services Teams, satellite programs have greatly increased their capability. The larger number of persons seen are indicative of this expansion. The Clarendon County Program required, and received, additional space, furnished by the County Commission. Activity groups have been expanded. The Kershaw County Program has added a consulting psychiatrist. This staff continues to offer accessible, quality service to that community. Lee County, the youngest of the satellites, moved into new quarters, furnished by the County Commission. Four staff members from Sumter now deliver adult services, augmenting the resident Children's staff.

Without quality administrative support, none of the gains could have been realized. The Center continues to have sound fiscal management.

We look forward to the beginning of a new Center year, to building upon an already sound program and to sharpening a sensitivity to the mental health needs of our larger community.

SPARTANBURG AREA MENTAL HEALTH CENTER

From this vantage point, it looks as if we have been doing very little this year other than writing and trying to see through the applications for continued financial support. Compilation of material, writing, editing and the review of Federal applications have occupied a large portion of our time. Of course all of the above was done while trying to maintain as much as possible the same level of services which was impossible. All the uncertainty about continued Federal funding has in very many ways been quite detrimental to staff morale, to say nothing of the cost to the Center time-wise along with the reduction in quality and quantity of patient services. Indeed our staff, and to a certain extent our Board, have begun to raise questions as to whether or not Federal funds are best accepted if approved or if they should be refused. There is a good bit of weight on both sides and we decided that in all probability it would be best to accept them if approved, hanging on at least until we see what happens with the next administration.

The financial crisis has prompted our studying various aspects of our programs very carefully to reassess our strong and weak points and to see if there are any shifts that are advisable regardless of funding levels.

We were finally able to open the third shift filling this gap in commun-

ity services. We have not as yet made any real push towards further build-up of the second shift since we have been so uncertain about what we were going to be able to maintain. Our attitude about the second shift is the same as in last year's report. Properly handled, it should work out to be a very high level partial hospitalization treatment service.

The detoxification unit was finally opened and it has helped considerably to relieve the pressure of the emergency components this service demanded. However there has already been considerable spill-over from the detox unit plus the fact that a considerable percentage of individuals with this type of difficulty prefer to come to the Mental Health Center.

We have made no headway in securing holding rooms for the Center. Holding rooms for the hospital continue to be poorly handled by the hospital emergency staff.

Speaking of emergencies, the hospital had continued to maneuver us into a position of doing the work in their emergency room. They have been informed that if we receive Federal funds, under no circumstances are we to do work for the hospital except under contract. This is presently sort of hanging in the air.

The same approach apparently applies to any possible contractual services for which there is any feasible source of funding.

Staffing financial woes have been aggravated by the State law that made it impossible to transfer personnel funds to operational expenses. This resulted in many thousands of fees having to be utilized during the past operating year, most of which would otherwise have been available as carry-over for 1976-77.

During the year 1975-76 we treated approximately 3,000 patients. According to the statistics there were fewer children than usual, but this was apparently accounted for by the fact that the Center moved more deeply into family therapy, plus the fact that we became more involved with school services.

A contract was signed with the Department of Corrections for group psychotherapy in three correctional facilities.

Our jail program has enlarged with the assistance of a Master's level social worker on a volunteer basis while she awaits regular employment.

The Consultation and Education Program for ministers in the community was maintained at a high level with certain contractual arrangements being worked out which should contribute appreciably to the financial support of the Center.

Interest in Gestalt therapy resulted in workshops being held both in and out of the Center with quite a strong community response. The staff also seems to have grown somewhat in the level of its interest relative to understanding of analytical therapy and depth therapy in general, which

is extremely important as the appropriateness of one's work at all levels depends upon the depth of one's understanding of human personality dynamics.

There has been much turnover in the secretarial staff. There are various reasons for this, not the least of which is the lack of competitiveness salary-wise.

We had a somewhat more active role this year in the Annual Meeting which had gradually been taken over more and more by the Mental Health Association.

A workshop in Family Therapy was conducted by Dr. Fred Duhl with whom the staff had become acquainted by means of a previous workshop held the year before. He is a very alive, dynamic sort of person, one who provides considerable stimulation to staff thought and development direction.

We continue to appreciate what appropriate assistance and support we receive from the Central Office which is in many ways varied and multiple.

TRI-COUNTY MENTAL HEALTH CENTER

The Tri-County Mental Health Center has continued to be a non-comprehensive clinic operation, consisting of a central administrative facility in Marlboro County and two satellite offices in Chesterfield and Dillon Counties.

In the 1975-76 fiscal year the Tri-County professional staff increased from seven to nine full-time professionals. These nine professionals have been actively involved in the following preventive and direct outpatient mental health service programs:

I. *Consultation and Education Programs:*

- A.) Ministerial Workshop on Marriage and Family Counseling for twenty-one ministers in the three county catchment area.
- B.) A workshop on stress and strain experienced by youths, adolescents, young adults, and the elderly; was held in conjunction with the Chesterfield Mental Health Association.
- C.) A Public Health/Mental Health Workshop was held in conjunction with the Pee Dee Mental Health Center and the Pee Dee Regional Health Departments.
- D.) The aftercare staff assisted in the workshop entitled, "Meeting the Emotional Needs of the Hospitalized Patient," which was held for the nine county area of Region C.
- E.) In April, 1976 the entire Tri-County professional staff, county probate judges, and Unit IV of the South Carolina State Hospi-

tal provided a workshop for community service agencies on the 1975 South Carolina Admission Law.

- F.) In addition the professional staff has been actively involved in transactional analysis programs, and parent effectiveness training workshops.

II. *Outpatient Programs Have Expanded in the Following Areas:*

- A.) In the past year the Tri-County Mental Health Center has provided services on a continuing basis to 20 Pre-Care Hospitalized patients, 267 Regular Outpatients, and 328 Aftercare patients. The above figures represent an active caseload of approximately 615 patients.
- B.) The staff has developed Homemaker's groups for aftercare clients in all three counties. These groups are designed to teach sewing, food preparation, canning, socialization skills, etc. to patients who have been hospitalized for extended periods of time.
- C.) Children's Therapy Programs are developing:
- 1) The Chesterfield County Satellite office and the Chesterfield Mental Health Association held a Day Camp group experience for approximately 15 children last summer.
 - 2) Currently the Tri-County Mental Health Center is fortunate to have four children from the catchment area who are participating in programs at Camp Logan.
 - 3) The Marlboro County office has developed a children's play therapy room.
- D.) Adult Therapy groups have included Women's Activity Groups, Victory Garden Groups, Transactional Analysis Groups, Marital and Family Counseling Groups.
- E.) In addition picnics, Christmas parties, and group socialization experiences have been held for local boarding home patients.

In recent months the entire Tri-County staff has been involved in the development and implementation of a new billing system, standardized intake interview format, standardized records format, volunteer recruitment and training procedures, development of a center library, and implementation of ever changing Title XX regulations.

Mental Health needs that persist within our catchment area include:

- 1) The need for additional medical/psychiatric assistance.
- 2) The need for related comprehensive programs such as Emergency Services, Partial Hospitalization and Inpatient Services.
- 3) The need for additional transportation resources for patients.
- 4) The need for larger mental health facilities.
- 5) And the need for funding resources to pay for the above.

Finally the 1975-76 fiscal year has left the Tri-County Mental Health Center staff with the determination to seek federal, state, and local funding to develop a more comprehensive mental health facility.

YORK-CHESTER-LANCASTER MENTAL HEALTH CENTER

June 30, 1976, marked the ending of our second year for receiving a Federal Staffing Grant. Most of the services continued into this year from last year, but some new ones were added. The continued services will be mentioned first.

Outpatient services continues to be the one feeling the greatest demand. As services are better publicized and better known, they are utilized to a greater degree, especially outpatient services. There is ample evidence to indicate, also, that the stigma of seeking mental health services, or the existence of a condition that needs mental health services, has drastically decreased over the past few years.

Although inpatient services were available prior to this year, we did not have an identified area in the hospital for psychiatric patients. This has been achieved during this fiscal year and has resulted from our partial support of the inpatient service by the use of Federal staffing funds. By the end of the fiscal year, consistency was achieved in the utilization rate of the space by psychiatric patients. The highest number of patients in the hospital at a given time thus far has been eight.

Emergency services have continued to develop and have worked more smoothly this year. The arrangement we have with the emergency medical staff of York General Hospital has continued to grow and improve.

Our partial hospitalization program has grown considerably in the number of patients served at a given time. It is operated from 9 a.m. to 1 p.m. Monday through Friday. Locally hospitalized patients are assigned to partial hospitalization, daily, which seems to be effective in shortening their stay in the hospital. As we continue with this program, the need for a greater capacity for patients is being realized, especially since some patients who heretofore were in the South Carolina State Hospital system are now being served locally.

Our consultation and education services have been continuing although further development of this service area seems indicated. Plans have been initiated to make this more identifiable and more functional.

Precare screening and aftercare services have continued at an active pace during the year. Through decentralization, patients are now seen as needed in the county in which they reside.

Although there seems to be a decrease in the instance of non-alcoholic

substance abuse in our area, the total area of substance abuse, including alcohol, seems to be coming to the attention of mental health center to a greater degree now than before. A working relationship with the commission on alcoholism has continued to progress.

The satellite clinics located in Chester and Lancaster have reached a high level of demand for direct outpatient services. Both satellite facilities have become more integrated into the communities in which they are located.

Our agency has continued to serve as a student field placement agency for selected Winthrop students who are at the senior level and are enrolled in a "Field Work" course. We feel that this has been a good relationship and that it has resulted in many of the students who have been placed in our agency deciding to continue their education in the mental health field.

During this year, there were some new services initiated. Using Title XX funds, transitional care services have been planned and one employee to work in that area of service has been brought on board. This is expected to be a growing area of service.

Although construction is not an area of service, construction of the new Center has been under way since March of this year. The beginning of construction was approximately twelve months later than had been expected. We now expect to move into the new building late in the year 1976.

We now have a total of thirty-two staff members which includes five staff members hired with CETA funds. Staff for inpatient care is on a contractual basis with York General Hospital. Although we have not stopped growing in terms of staff members nor service delivery, some of our growth problems have been solved. For example, we now have a chief for each one of our five service areas; this makes it possible to bring about a greater degree of delegation of authority and responsibility.

In bringing this report to a close, it should be noted that one outstanding problem realized during this year was brought about, at least in part, by the limitation of our head count thus preventing our adding needed staff members. We hope this will be changed in the foreseeable future.

MORRIS VILLAGE

OFFICE OF THE DIRECTOR

The long, delayed move into the new Morris Village treatment facility was accomplished in September, 1975. This modern unit offers many advantages for our diverse treatment modalities and vastly improved the morale of residents and staff. Staff was expanded and trained to meet the needs of a greater number of residents and increased services offered. Admissions increased rapidly to a present level of approximately 120 per month. Waiting list is still necessary, especially for adult males.

The activity program has been severely handicapped by the lack of a recreational complex adjacent to the facility.

Aftercare services in the community are being expanded and improved. This matter was the subject of a meeting with the Mental Health Centers and Clinical Directors.

Space and privacy problems have surfaced and are not amenable to correction unless resident living areas are used.

Families visiting residents have inadequate visiting accommodations. Classroom space is needed for a complete educational program. The Media-Center has inadequate space to perform its mission. The training and teaching program with added personnel has inadequate space for students.

Dispersion of living area into small cottages has presented a major problem in control of residents and discipline. Adequate control measures require additional personnel which are not yet available.

Volunteer services are needed, especially for providing activities for residents at night and on weekends. Plans were made during the year to increase efforts to obtain volunteers.

Cooperation with state-wide alcohol and drug referral and treatment agencies has continued to improve and in many instances written working agreements are being provided.

This section handles all referrals for admissions to the village. Referrals are received from all areas of the state and from state-wide alcohol and drug referral and treatment centers, other state agencies, physicians, law enforcement agencies, mental health centers, and families and friends.

We are preparing our facility for accreditation by the Joint Commission for Accreditation of Hospitals and hope to have sufficient personnel available to accomplish this early in the next fiscal year.

ADMINISTRATIVE SERVICES

The Department of Administration is made up of Supply and Service,

Registrar and Typing Pool, Security and Criminal Justice. It is also responsible for Budget and Fiscal and Personnel Liaison.

On September 2, 1975, the Addiction Center was moved from Building 6, Crafts-Farrow State Hospital to a new twenty-two building facility named The Earle E. Morris, Jr. Alcohol and Drug Addiction Treatment Center. Continuity of patient care was maintained during this time. Because of a series of difficulties with previous contractors, a special contract was let to finish construction. This resulted in occupancy of the buildings on a phased basis — Administration Building, Detoxification Building, four cottages and two dining rooms and the Supply and Food Service area were ready for occupancy on September 2 and other buildings were turned over to the Addiction Center as they were finished. The turnover was substantially complete by February 27, 1976.

With the move and occupancy of the buildings, it became apparent that adjustments in the physical arrangement and the staffing patterns were necessary. A substantial amount of effort and funds were expended to arrive at the optimum arrangement and pattern.

Because of budgetary limitations, the underground sprinkling system and the landscape architecture were deleted during the construction phase. Basic ground stabilization procedures were undertaken using maintenance staff. It appears that considerable time will be required to overcome these basic construction deficiencies.

The number of admissions exceeded expectations placing an exceptional load on the Admission and Medical Records Section.

During this period, funding was adequate to accomplish the mission.

REGISTRAR

Admissions Office

The move to the new facility during this past year has brought about a significant increase in the number of admissions and discharges. We have processed a total of 1,163 admissions and 1,081 discharges. Three full-time admissions clerks handle all new admissions and discharges.

We have added a phase to our admissions process. All applicants are screened at the point of admission to determine eligibility for Title XX funds. We have two full-time persons working with Title XX and their work has been quite rewarding in regard to funds that are received and are applied toward patients' bills.

Medical Records

The increased number of admissions and discharges has necessitated an expansion for storage of medical records. Monies were appropriated for a Lektriever file unit for additional space for records storage.

Post Office

We have added to the Registrar Department a post office. After moving to the new facility, our post office was opened in November, 1975 on a part-time basis. With the increase in the requests for petty cash, resident population and other factors, we found it necessary in March, 1976 to have the post office open during the work hours and manned by one full-time employee. A postage meter has been installed to facilitate the movement of out-going mail.

Personnel Service and Employee Relations

During this first year of operation in our new quarters, the resident population increased making it necessary to increase our personnel at Morris Village. New staff members were given information pertaining to their benefits, interpretation of departmental policies, understanding of their pay check stubs, performance evaluation and probationary period in the facility orientation class for new employees.

Necessary assistance was provided to all employees when needed. Various drives were conducted (United Way, Heart Fund, Cancer, Easter Seal, Savings Bonds, Mid-Carolina Mental Health Association membership drive, SCSEA membership drive and Multiple Sclerosis).

SECURITY

With the move to Morris Village, the responsibilities of Security increased drastically requiring the staff increase from three Officers to six, including the creation of positions for a Chief and a Sergeant.

In adapting to the new facility, numerous policies and procedures have been formulated and implemented including those to deal with the physical protection of residents and property, parking and traffic management, and resident accountability and conduct. Contraband control remains a top priority and occupies the largest block of man-hours.

Criminal prosecutions were necessary for a variety of offenses including Assault and Battery, Possession of Illegal Drugs, DUI, Trespass, and Disorderly Conduct. Cooperation with local law enforcement agencies has resulted in mutual benefits for all.

A portion of Morris Village Lake has been fenced for resident use only. In this area, Morris Village Security has exclusive responsibility for management.

Training offered by the S. C. Criminal Justice Academy is participated in at every opportunity. Training sessions offered by the U. S. Drug Enforcement Administration and the International Association for Hospital Security have also been utilized.

Morris Village Security is very much in a developmental stage and

plans have been made and in some cases already are approved for further growth and the utilization of very sophisticated electronic equipment in order to improve the services rendered.

SUPPLY AND SERVICES

The Supply and Services Department saw the beginning of Morris Village with three employees; after ten months it has a total of fourteen full-time employees. Although still drawing on Crafts-Farrow for linen, clothes, and shoes for the residents, Store 13 has been established for the storing and dispensing of expendable and non-expendable items. Supply continues requisitioning and issuing supplies to all departments of Morris Village, and the maintaining of records.

Eighteen vehicles have been procured and are being maintained by this department. The most useful of which is a Ford tractor with front-end loading capabilities and a fail mowing attachment, greatly increasing the ability to maintain the fifteen acres that comprise the grounds. The latest vehicle acquired is a Jeep for use by Security, enabling them to drive through the tall pines surrounding the village and around the lake.

While most employees of Services do not come in direct contact in their relationship with the residents, their impact is felt by them in the cleanliness of their surroundings and the keeping of the grounds. The employee with the most contact is the rehabilitation assistant in charge of the Resident Work Program, devoting full time to the teaching of responsibility and usefulness while gainfully employed. Vending machines are stocked and maintained for the use of the residents when the canteen is not open. The Barber and Beauty Shop is stocked and all equipment ordered. A full-time cosmetologist has been hired. Cleanliness and good grooming will be stressed, adding to the respect and confidence to be gained by an improved appearance.

Building maintenance has procured a large amount of the stock necessary to maintain and repair the heating and cooling systems, perform general maintenance in all buildings and to improve and add to our existing facilities. A greenhouse is now under construction. Ground maintenance has made many improvements in the appearance of the facility by planting, fertilizing, cutting of plants, grass, and a vegetable garden.

FOOD SERVICE

On September 6, 1975, the new Center was opened and Food Service moved into the new facility. What is now the Canteen was used as a main dining room. As additional dining room help was employed, three resident dining rooms and one staff dining room were opened. Salad,

desserts and bread are purchased from the Department of Mental Health. All entrees are frozen and purchased from two local vendors. Since alcoholics and drug addicts need special nutritional requirements, our menu varies from that of the Department of Mental Health. Three M modules are used to heat the trays. These modules enable us to keep food warm for long periods of time without losing their flavor or texture. Ten people have been employed making a total of fifteen in all for Food Service.

In February 1976, the Canteen was opened serving short orders to residents and their guests and providing personal grooming articles. The Canteen also carries most items that the residents need or want at a lower price than the local store. We have two full-time employees in the Canteen.

CRIMINAL JUSTICE UNIT

The Criminal Justice Unit offers counseling to residents who are experiencing legal problems involving criminal or civil law. Criminal Justice staff members appear in court on behalf of residents currently in treatment or after discharge from the facility.

Evaluations of residents' progress in treatment are forwarded to the referring court, probation, parole and pardon board office, law enforcement agency or correctional agency. Criminal Justice staff is involved in the group leader therapist program.

Criminal Justice provides liaison with the following state and local agencies:

Probation, Parole and Pardon Board

Deals with the probationer's or parolee's individual problems. Criminal Justice conducts seminars for federal and state probation and parole officers, acquainting them with chemical abuse identification and information concerning available treatment alternatives.

Courts

For assistance in determining the appropriateness of individual admissions to Morris Village. Staff are also available to Alcohol Safety Action Programs, Court Workers Drug Diversion Programs Counselors and Vocational Rehabilitation Court workers to coordinate referrals and to provide written and/or oral reports upon discharge from treatment.

Criminal Justice staff testify in formal or informal dispositions, i.e., preliminary hearings, trials, sentencing, parole hearings, probation or parole revocation hearings, and Department of Corrections disciplinary hearings.

S. C. Department of Corrections

Provides intensive inpatient treatment services for inmates prior to completion of sentences.

A formal agreement has been signed by the Commissioner of the Department of Corrections and the Commissioner of the Department of Mental Health which provides for furlough of selected inmates for treatment at Morris Village. Admissions are voluntary and screening is conducted by the S. C. Department of Corrections Drug Treatment Program and the Criminal Justice Unit of Morris Village.

Law Enforcement

Encourages the use of diversion in appropriate cases at the line police officer and investigator level.

S. C. Department of Youth Services and S. C. Department of Juvenile Placement and Aftercare

In the screening, treatment, supervision, and placement of adolescents who are under commitment to the Department of Youth Services, particular emphasis is placed on diversion of adolescents within the Family Court, however, many admissions to Morris Village are facilitated through the reception and evaluation services of the Department of Youth Services.

Offenders and suspected offenders may be referred to Morris Village from the following points in the Criminal Justice system: at arrest, at the time bond is set, at the preliminary hearing, special condition of formal or informal bond, special condition of a pre-trial intervention program, special condition of probation or parole, special condition of drug diversion programs, or other diversion techniques utilized by Judges, Magistrates, or Solicitors. Individuals admitted to Morris Village under these conditions are considered voluntary admissions. Offenders who have been convicted by the courts may be referred to treatment as a special condition of probation or parole. Offenders serving sentences with the S. C. Department of Corrections are eligible for furlough to Morris Village.

Participating in On-Going Planning with the Division of Administration, Office of Criminal Justice Programs

Through the Criminal Justice, Morris Village participates in yearly comprehensive planning for South Carolina's Criminal Justice and Juvenile Justice Systems. Criminal Justice staff attends planning meetings which determine standards and goals for the coming fiscal year.

During the past year, the Criminal Justice has been funded in part by a Law Enforcement Assistance Administration — Office of Criminal

Justice Program grant which has provided for one addictions counselor and one secretary.

During Fiscal Year 1975-1976, the Criminal Justice Unit counseled 356 residents. Of this number, 26 were referred from the S. C. Department of Corrections, 82 from county alcohol and drug abuse commissions, 33 from family courts, 25 from adult courts, 36 from probation and parole offices, 7 from ASAP, 17 from Magistrates, 14 from public defenders, 10 from attorneys and 24 from Youth Services.

MEDICAL SERVICE

The Medical Service has been reorganized to include a chief, who also functions as psychiatric consultant to expand evaluation and therapy capability of the Center. Each new admission is assigned to a specific physician who, for continuity, follows the drug dependent individual from initial physical through medical detection and determination of disabilities and limitations and potential for participation in the treatment program. Sick call was restructured to be more adequate and meaningful within a time frame geared to other facets of the program. The departmental complex of clinics and clinical centers is utilized for further examination and treatment of residents with substance abuse.

NURSING SERVICE

The Department of Nursing Service at Morris Village has grown considerably during the past year. It now consists of a Director of Nursing, Nursing Supervisor, nine Registered Nurses, five Licensed Practical Nurses, eleven Mental Health Assistants, six Mental Health Specialists, one Clinical Counselor and one Ward Clerk.

During the past year a procedure manual has been developed, which will provide more efficient guidelines for direct patient care; a Handbook for Nursing Service personnel was made available to the Nursing staff with information of expectations and rules and regulations for their service. A policy committee has been established to audit and revise Nursing Service policy.

Nursing Service has had two of the present staff graduate from the College of Nursing. One with a B.S.N. and one with an A.D. degree. At present there are three B.S.N.'s on the staff.

Workshops were held on CPR with all staff members attending. Five members of Nursing Service attended the S. C. School of Alcohol and Drug Studies. Four attended Group Leader Training and two attended an Alcohol Workshop at the SCDMH. More in-service training is planned for the future.

New medication records were introduced to provide more efficient means of medication distribution.

Monthly meetings are held by the members of Nursing Service to enable more interaction between the three shifts.

Many members are participating in group therapy and the treatment teams.

Nursing Service has skillfully taken over the new Disciplinary Point System with a noted decrease in disturbances among the resident population.

The goals for the coming year are to:

1. Provide more in-service training for professional staff on the addictive person.
2. Provide more in-service training to para-professional staff on physical and mental health.
3. Train more of the staff in group and other therapies.
4. Provide more effective and better patient care.
5. Continue to work on an inter-disciplinary team for the betterment of Morris Village.

SOCIAL WORK SERVICE

The Alcohol and Drug Addiction Social Work Service staff views addictive behavior as symptomatic of dysfunction within the abuser's total person-problem-situation-configuration. Therefore, the Social Work Service staff supports the concept of a therapy program which ideally provides a medium of interaction through which the resident can effect changes in himself by learning to deal with problems as they emerge within the residential environment. Thus the resident is given a chance to practice behavior more suitable to outpatient living. Social Work Services supports residential contact with significant others through the Family Group Therapy Program.

The Social Work Service staff considers the maintenance of a realistic orientation to problem-solving essential to rehabilitation of chemical abusers. A realistic orientation to problem-solving means that the resident be provided opportunity to take responsibility for his actions in a treatment atmosphere which is consistent with the demands of the world outside.

The Social Work Service includes the Family Group Therapy Program which has expanded from seven to twelve: four Clinical Social Workers, five Social Workers, two Addiction Counselors and one Addiction Specialist. A Clinical Social Worker and two Bachelor level workers are assigned to each of the three multi-disciplinary teams, with the Clinical Social Worker supervising the unit. The remaining two staff are

in the Family Therapy Group Program. This has certainly allowed more effective and thorough coverage as well as enabled the Social Service Staff to participate actively, in some capacity, in the Group Therapy Program.

Of note this year has been the increased number of contacts with residents and families supported by statistics (2,309 interviews with residents and family members). Also, staff members have called attention to areas lacking in the treatment programs and have initiated special emphasis groups for women and a program for minorities and addictions.

Social Work Service offered experiences during a nine month training program for second year graduate students this past year and plans are being made to provide experiences for first and second year graduate students this next academic year. Additionally, staff have also been involved in providing training for undergraduate students and those participating in technical education programs interested in pursuing a career in social work.

Of significance also is that every staff member has participated actively in some type program/workshop for personal professional growth.

The year has been most productive and we look forward to continued expansion of services to the total treatment program at Morris Village.

Family Group Therapy Program

Family Program: The Family Program was staffed by one Addictions Counselor and one part-time Addictions Specialist — 12 hours per week for 34 weeks. This program continues to try and re-establish lines of communication between families and residents, working out a consistent approach for families and residents in addition to those who have left the Center. During the year ending 1976, 336 family and Family/Resident sessions were held, consisting of 1,008 families. These sessions were held on weekends so that they are available to all family members who visit Morris Village. There were 52 Aftercare Couples groups during the year, attended by an average of three couples per week.

AA & NA Program: The AA and NA meetings were conducted by the Family Program Addictions Counselor, with assistance in transportation from one part-time (8 hours per week) driver. Fifty-two Narcotics Anonymous sessions were held for the adolescent residents of Morris Village with addictions problems, other than alcohol. There were 52 Alcoholics Anonymous meetings held at Morris Village with a total resident attendance of 2,900. Also, 1,416 residents attended 118 downtown Columbia AA meetings. Total attendance by former Morris Village residents to AA meetings at Morris Village grew to 624, with a majority of these using AA exclusively as their followup modality of treatment.

PSYCHOLOGY

This has been a year of reorganization and greater integration into the total treatment program for the Psychology Department. With the hiring of a new Chief Psychologist and an additional Master's level psychologist, the staff is now comprised of one Ph.D., one Ph.D. candidate (all requirements completed except for dissertation), two M.A.'s, one B.A., and one secretary. The department is organized so as to provide specific coverage and consultative services for each of the different multi-disciplinary treatment teams. Emphasis has been on a more intensive and extensive involvement for the Psychology staff in all phases of the residents' treatment — initial psychological assessments, more thorough assessments on a referral basis, individual therapy, group therapy, and research; as well as involvement in the activities programs, family therapy, and aftercare therapy. The latter involvement has allowed for the cooperative, mutual exchange of expertise between disciplines. The staff has also been involved in several teaching/training programs, both for Center staff and for other agencies, as well as for the general community.

The department has expanded its repertoire of psychological assessment tools, in order to better serve the significant increase in the number of treatment team referrals for extensive psychological evaluations. The staff is currently in the process of investigating the feasibility of administering a brief test battery to all residents within ten days of admission. This will be in addition to the basic achievement test which has been routinely administered. The battery now being implemented on a trial basis provides an estimate of intellectual functioning, a measure of visual-motor coordination, as well as some information as to personality dynamics. The value of providing such data to all clinical personnel involved in designing and modifying the residents' overall treatment plans is obvious. The main problem lies with the shortage of personnel to administer, score, and report the findings. The entire department has become increasingly interested in the diversity of research potential inherent in the design of the Center. One staff member has been actively involved in the design and implementation of a relaxation training program. In addition to the therapeutic end-goal of this program, he is gathering specific data for future research into the various parameters involved, as well as the effectiveness of such training.

The department is presently working toward the development of a fully accreditable internship program. Initial steps in this direction have been participation in providing supervision for field placements of various students. We have contracted with the University of South Carolina for the supervision of a six-month internship for a doctoral candidate in Counselor Education.

The Psychology staff will continue to stress open communication across disciplines, as well as excellence in direct patient services offered. Additional staff is being requested in order to meet the ever-increasing demands for our involvement assessment, therapy, training, and teaching.

CHAPLAINCY

This has been a busy and productive year for Chaplaincy. A summer Clinical Pastoral Education program was held during the summer of 1975 with four clergymen involved: two Lutherans, one Methodist, and one Unitarian. Also a summer Clinical Pastoral Education program was held in 1976, again with four students involved: a Roman Catholic, two Lutherans, and one Unitarian. Beginning in September, 1976, a year-round CPE program will be held.

Work with residents has expanded tremendously this year. The entire department is involved with Group, Individual and Family Therapy, as well as staff training. Worship services are held on Sunday morning and Wednesday evening with Holy Communion celebrated each third Sunday.

The Chaplaincy staff made an orientation video tape for use with new residents. Archie Reed made video tapes entitled, "The Price of Sobriety" for use with professionals and residents and "Mirror Therapy" for use in training professionals in using this technique in the group therapy process.

VOCATIONAL REHABILITATION

The Vocational Rehabilitation program was added to the Morris Village Alcohol and Drug Addiction Center to complement and extend services offered there. This past year, 460 persons addicted to alcohol or drugs have been referred to the Vocational Rehabilitation Department. Of this number, 400 have been accepted as clients and given services of counseling and guidance, vocational evaluation, personal adjustment training, training for various vocations, placement in employment, and financial assistance to assist in job stability. The facility has been instrumental in returning clients to former jobs, has assisted in new job contacts, and also assisted those who felt themselves capable of advancement through training. Each year the services rendered the residents of the Center have increased. Both the number of individuals served and the quality of services have been improved through the incorporation of new and innovative ideas and equipment. It is anticipated that services to the residents will continue to increase in the next year, now that all position vacancies have been filled.

ACTIVITY THERAPY

As with the other departments of Morris Village, 1975-1976 was a year of growth for Activity Therapy. The move offered increased areas for programming and placed greater demand of the staff for the provision of leisure services. We have met this demand by employing additional staff and encouraging the professional development of previously hired personnel.

The recreational therapy staff grew by three, two registered therapists and an aide employed to expand evening programming. This increase in staff, plus the acquisition of four fifteen-passenger vans by the Village, enable the recreational therapists to offer many more community oriented activities, designed to give the residents knowledge of what is available in the community for appropriate use of free time. Leisure Counseling program ties directly to these activities.

The quality of Occupational Therapy has been enhanced by the addition of a Registered Occupational Therapist as Chief of Service. Also, the Village complex has four OT shops, a textile crafts studio, a ceramic studio, an art studio and a leathercraft shop. This additional space enables OT to serve each resident of the Center daily. Currently, the OT sees approximately fifty residents during each of three different, one hour and twenty minute periods. Patients are rotated through the different shops during the course of their stay, giving them the opportunity to have as many new experiences as possible.

Several entirely new areas of Activity Therapy were added this year. A full-time Registered Musical Therapist was added to the staff in December of 1975. Music has become a dynamic and valuable part of Activities. Offerings include individual and group lessons, choral groups and electronic music. Music Therapy serves the entire community with Center-wide programs offering residents the opportunity to perform for their peers.

Programming for Horticultural Therapy has been initiated at Morris Village. In recent years there has been a tremendous increase in interest in living plants. Horticultural Therapy seeks to use this interest as an aid to treatment. We began with a single intern operating out of a stairwell. In spite of this, it has been a tremendous success. Hortitherapy frequently reaches patients that respond to no other areas of treatment. The construction of a head house and greenhouse and employment of a full-time therapist portend good things for this area in the future.

A third area of growth has been the development of outside recreation areas close to the Center. Facilities for such active sports as softball, volleyball, horseshoes, badminton and others are being built. These facilities offer readily available outlets for physical activities without

detracting from the natural beauty of the Village. In addition, picnic areas utilizing the pleasant view of Morris Village Lake and cool pines are planned.

The final area of growth has been the internship program. In this past summer, we had three interns from two schools spend eleven weeks at Morris Village. This program has proven so valuable that we will be expanding it so that there will be interns on the grounds all year round.

RESEARCH AND EVALUATION

There are seven staff members, including one Ph.D. Counseling Psychologist, Research Analyst (III and Statistician II), four Research Analysts II, two Statistic Clerks, and one clerk typist.

For the year of 1975-1976, the Research and Evaluation section has completed nine studies. Contents of the studies include demographic characteristics by county, effects of length of stay on discharge and satisfaction of services, characteristics of multiple admissions, construction and validation of criterion measures, and followup of open/closed group residents.

The Research and Evaluation section has actively participated in treatment programs, such as group therapy and treatment team meetings and biofeedback training. Also, this section participated in the CODAP System sponsored by the Commission on Alcohol and Drug Abuse.

The Research and Evaluation section also has established the Personal and Social Skills Training program for residents. The skills have helped many residents learn winning behaviors useful in community living. Residents have learned skills such as saying no to unreasonable requests and responding to rejection. The program has been recognized as a satisfying and profitable experience by both staff and residents.

AFTERCARE

Aftercare Services at Morris Village added during the year three new staff members including an Addiction Counselor, a Quarterway House Manager and clerk typist which brings the total staff of this service to six, including the Director and two aftercare Specialists.

Under Aftercare Services is the Quarterway House near Morris Village on Faison Drive, an alternate housing program for male residents who have been discharged. A total of 48 residents were referred to the Quarterway House during 1975-1976. Plans to remodel the house adjacent to the Quarterway House were completed during this year. When the work is completed, this house will provide living quarters for 20

males allowing the original Quarterway House to house up to ten females in need of alternate housing at discharge. Consistent with present policy of contacting all ex-residents, over 1,400 contacts were made with residents discharged from Morris Village as well as over 300 contacts with local Alcohol and Drug Commissions and/or Community Mental Health Centers.

The two Aftercare Therapists at Morris Village saw over 75 ex-residents for either individual or group therapy.

PROGRAM DEVELOPMENT AND TRAINING MANAGEMENT

Staff members of Program Development and Training Management work with residents and staff both in direct and support services. Three staff members of this section are group therapy leaders and are directly involved in training and supervision of group therapy trainees at Morris Village. One staff person is the Group Therapy Coordinator who has worked carefully with all services during this year to insure a systematic and cohesive group therapy program for all residents at Morris Village. Once admitted, residents are assigned to one of twelve groups meeting every weekday. Group therapy is the core around which treatment at Morris Village is designed.

During the year, it became evident that the Catchment Area Treatment Design (refer SCDMH Annual Report 1974-1975, page 149) was creating an inequitable overload on certain treatment teams and their groups due to the fact that given areas of South Carolina were referring more individuals into our Center than others. The Catchment Area Design for cottage and treatment team assignment was dissolved and assignments are now made on a space available basis assuring an equitable dispersion of new residents' assignments to the four treatment teams and maximum use of available bed space in the Center's cottages.

A. Media and Visual Arts Center: The Morris Village Media Center, temporarily located in Cottage 14, is now fully operational. This Center, made possible through a \$73,000 grant from the S. C. Interagency Council, is used in a therapeutic, educational, training, and supervisory capacity. The grant stipulates that all major state branches (education, health, corrections, etc.) have access to the equipment for recording and production purposes. Staff for technical support and production related to this equipment were added to the Division of Training Management and Program Development. This staff includes a Media Director, Audio Visual Aid/Communications Specialist and Camera Man.

The equipment provided through the Interagency Council Grant was delivered and set up in June. Prior to this, the Center had been using small black and white video tape setups for group therapy and training.

Groups are scheduled for both morning and afternoon taping and the Media Center averages approximately five groups per week.

The Morris Village Media Center is involved in training of staff and other professionals throughout the State relative to treatment of chemical addiction. The video equipment is utilized for the production of training films for professionals, and para-professionals, for the supervision of individual and group therapists, and for the dissemination of information.

The staff of the Media Center was involved in the planning and production of video tapes to be used for public information and education about facilities and services of the Department.

Although the Media Center has only in the last month become fully operational in terms of color capabilities, the Center itself has been involved in the program since January of this year using existing black and white equipment. An extensive video-tape library has been made available to staff and other professionals in the field of chemical abuse.

The move into the new facility necessitated updating and expanding both the Resident Handbook and the Morris Village "Roadshow". The new Resident Handbook is used both for orientation purposes of new residents and staff and for educational purposes for professionals throughout the state. The "Roadshow", a 170 color slide presentation with sound, is used by staff for community consultation and education.

B. Training Management: Staff of Morris Village has provided and participated in a variety of training experiences during this year including:

1. Group Leaders Training — in addition to the on-going training program for group therapy leaders, the Center continues to provide systematic and regular evaluation and supervision for persons at all stages of professional development ranging from training observers to primary leaders. Evaluation and supervision helps identify the individual's strengths, weaknesses and needs, sharpens therapy skills and fosters growth and development of a core of future professionals in the field of alcohol and drug abuse treatment.

2. Training for Community Professionals and other agency personnel — including workshops in Psychodrama, Gestalt Therapy, Biofeedback Therapy, Treatment Goal Planning and Group Dynamics.

3. Treatment Goal Planning — this intensive training program was provided for the professional staff resulting in more efficient and effective staffing and treatment plan procedures.

4. Schools, Conferences and Workshops — Village staff attended a wide range of workshops and conferences during the year including: School of Alcohol and Drug Studies, SCDMH Annual Meeting, Annual

Meetings of Professional Associations, Community Service Seminars, Recreation and Music Therapy Workshops.

5. Morris Village hosted several groups during the year, i.e., S. C. Society of Volunteers, Inter-Agency Committee, Southern Area Educators and Training Program and the S. C. Department of Corrections Drug Personnel.

C. The Morris Village Library has opened with a full-time librarian/volunteer coordinator under Program Development and Training Management. Located next door to the Village Post Office, the library is convenient for both residents and staff for checking out books and related reading materials. With the help of a therapist and librarian, residents are encouraged to read self-help books that tie-in with their treatment program and certain activities such as chess and physical fitness. The Morris Village Library participates in an inter-librarian loan program whereby books can be borrowed from S. C. State Library, W. S. Hall Psychiatric Institute Library and Crafts-Farrow State Hospital Library.

D. The Volunteer Services have now been organized under the librarian/volunteer coordinator. This program is designed to provide a continual and coordinated program of activities and services through the discriminating use of volunteers and volunteer organizations. The goals are far reaching and will supplement and augment the total program and provide many extra, skilled man-hours of service for the facility. Many unique resources and talents contributed by volunteers can enrich the established program and promote positive relationships between Morris Village and other facilities, agencies and the general public.

E. The school program for residents at Morris Village has been expanded to include on-going classroom work, G.E.D. certification and remedial instruction in basic subject areas. The school program is coordinated with the Office of Special Services, Richland County School District #1.

HOSPITAL SERVICES

GENERAL STATISTICS

FY 1975 - 1976

Patient Movement	Male	Female	Total
Patients on books of hospital(s) beginning of hospital year:			
In hospital(s)	2260	2024	4284
On leave without permission	89	43	132
Total	2349	2067	4416
Admissions during twelve months:			
First admissions	2046	1117	3163
Re-admissions	1874	1142	3016
Transferred in	67	44	111
Total received	3987	2303	6290
Total on books during twelve months	6336	4370	10706
Discharged from books during twelve months	3863	2259	6122
Died during twelve months	190	147	337
Transferred out	67	44	111
Total separated	4120	2450	6570
Patients remaining on books at end of hospital year:			
In hospital(s)	2142	1882	4024
On leave without permission	72	39	111
Total	2214	1921	4135
Daily average in hospital(s)	2177	1937	4114
Regular discharges from LWP	162	48	210
Left without permission	488	177	665
Returns from LWP	234	83	317
Regular discharges	3592	2157	5749
Statistical discharges	109	54	163
Types of admissions:			
Voluntary	1499	831	2330
Medical Certificate, Non-Judicial	16	3	19
Medical Certificate, Emergency	1587	1075	2662
Judicial	52	37	89
Court Order	593	72	665
Order of Governor	0	0	0
Order of Mental Health Commission	1	3	4
Other	172	238	410
Total	3920	2259	6179

SOUTH CAROLINA STATE HOSPITAL

GENERAL STATISTICS

FY 1975 - 1976

Patient Movement	Male	Female	Total
Patients on books of hospital(s) beginning of hospital year:			
In hospital(s)	1085	837	1922
On leave without permission	74	32	106
Total	1159	869	2028
Admissions during twelve months:			
First admissions	1140	540	1680
Re-admissions	1184	671	1855
Transferred in	20	9	29
Total received	2344	1220	3564
Total on books during twelve months	3503	2089	5592
Discharged from books during twelve months	2399	1284	3683
Died during twelve months	29	25	54
Transferred out	25	16	41
Total separated	2453	1324	3778
Patients remaining on books at end of hospital year:			
In hospital(s)	1027	748	1775
On leave without permission	21	17	38
Total	1048	765	1813
Daily average in hospital(s)	1038	774	1812
Regular discharges from LWP	6	1	7
Left without permission	231	82	313
Returns from LWP	178	52	230
Regular discharges	2295	1238	3533
Statistical discharges	98	45	143
Types of admissions:			
Voluntary	438	365	803
Medical Certificate, Non-Judicial	0	0	0
Medical Certificate, Emergency	1258	751	2009
Judicial	21	15	36
Court Order	574	64	638
Order of Governor	0	0	0
Order of Mental Health Commission	0	0	0
Other	33	16	49
Total	2324	1211	3535

CRAFTS-FARROW STATE HOSPITAL

GENERAL STATISTICS

FY 1975 - 76

Patient Movement	Male	Female	Total
Patients on books of hospital(s) beginning of hospital year:			
In hospital(s)	928	1021	1949
On leave without permission	11	6	17
Total	939	1027	1966
Admissions during twelve months:			
First admissions	221	215	436
Re-admissions	186	204	390
Transferred in	9	3	12
Total received	416	422	838
Total on books during twelve months	1355	1449	2804
Discharged from books during twelve months	381	391	772
Died during twelve months	135	110	245
Transferred out	17	13	30
Total separated	533	514	1047
Patients remaining on books at end of hospital year:			
In hospital(s)	817	931	1748
On leave without permission	5	4	9
Total	822	935	1757
Daily average in hospital(s)	862	976	1838
Regular discharges from LWP	0	0	0
Left without permission	18	7	25
Returns from LWP	14	4	18
Regular discharges	371	386	757
Statistical discharges	10	5	15
Types of admissions:			
Voluntary	80	117	197
Medical Certificate, Non-Judicial	0	0	0
Medical Certificate, Emergency	293	276	569
Judicial	15	19	34
Court Order	18	7	25
Order of Governor	0	0	0
Order of Mental Health Commission	0	0	0
Other	1	0	1
Total	407	419	826

WILLIAM S. HALL PSYCHIATRIC INSTITUTE

GENERAL STATISTICS

FY 1975 - 76

Patient Movement	Male	Female	Total
Patients on books of hospital(s) beginning of hospital year:			
In hospital(s)	50	48	98
On leave without permission	0	5	5
Total	50	53	103
Admissions during twelve months:			
First admissions	145	217	362
Re-admissions	124	148	272
Transferred in	20	14	34
Total received	289	379	668
Total on books during twelve months	339	432	771
Discharged from books during twelve months	285	367	652
Died during twelve months	2	1	3
Transferred out	15	13	28
Total separated	302	381	683
Patients remaining on books at end of hospital year:			
In hospital(s)	35	49	84
On leave without permission	2	2	4
Total	37	51	88
Daily average in hospital(s)	42	52	94
Regular discharges from LWP	0	1	1
Left without permission	13	15	28
Returns from LWP	11	14	25
Regular discharges	285	362	647
Statistical discharges	0	4	4
Types of admissions:			
Voluntary	79	88	167
Medical Certificate, Non-Judicial	0	0	0
Medical Certificate, Emergency	36	48	84
Judicial	16	3	19
Court Order	1	1	2
Order of Governor	0	0	0
Order of Mental Health Commission	1	3	4
Other	136	222	358
Total	269	365	634

C. M. TUCKER, JR. HUMAM RESOURCES CENTER

GENERAL STATISTICS

FY 1975 - 1976

Patient Movement	Male	Female	Total
Patients on books of hospital(s) beginning of hospital year:			
In hospital(s)	167	108	275
On leave without permission	4	0	4
Total	171	108	279
Admissions during twelve months:			
First admissions	12	6	18
Re-admissions	3	0	3
Transferred in	18	18	36
Total received	33	24	57
Total on books during twelve months	204	132	336
Discharged from books during twelve months	22	4	26
Died during twelve months	23	10	33
Transferred out	10	2	12
Total separated	55	16	71
Patients remaining on books at end of hospital year:			
In hospital(s)	144	116	260
On leave without permission	5	0	5
Total	149	116	265
Daily average in hospital(s)	153	111	264
Regular discharges from LWP	0	0	0
Left without permission	5	0	5
Returns from LWP	3	0	3
Regular discharges	21	4	25
Statistical discharges	1	0	1
Types of admissions:			
Voluntary	14	6	20
Medical Certificate, Non-Judicial	0	0	0
Medical Certificate, Emergency	0	0	0
Judicial	0	0	0
Court Order	0	0	0
Order of Governor	0	0	0
Order of Mental Health Commission	0	0	0
Other	1	0	1
Total	15	6	21

MORRIS VILLAGE

GENERAL STATISTICS

FY 1975 - 1976

Patient Movement	Male	Female	Total
Patients on books of hospital(s) beginning of hospital year:			
In hospital(s)	30	10	40
On leave without permission	0	0	0
Total	30	10	40
Admissions during twelve months:			
First admissions	528	139	667
Re-admissions	377	119	496
Transferred in	0	0	0
Total received	905	258	1163
Total on books during twelve months	935	268	1203
Discharged from books during twelve months	776	213	989
Died during twelve months	1	1	2
Transferred out	0	0	0
Total separated	777	214	991
Patients remaining on books at end of hospital year:			
In hospital(s)	119	38	157
On leave without permission	39	16	55
Total	158	54	212
Daily average in hospital(s)	82	24	106
Regular discharges from LWP	156	46	202
Left without permission	221	73	294
Returns from LWP	26	13	39
Regular discharges	620	167	787
Statistical discharges	0	0	0
Types of admissions:			
Voluntary	888	255	1143
Medical Certificate, Non-Judicial	16	3	19
Medical Certificate, Emergency	0	0	0
Judicial	0	0	0
Court Order	0	0	0
Order of Governor	0	0	0
Order of Mental Health Commission	0	0	0
Other	1	0	1
Total	905	258	1163

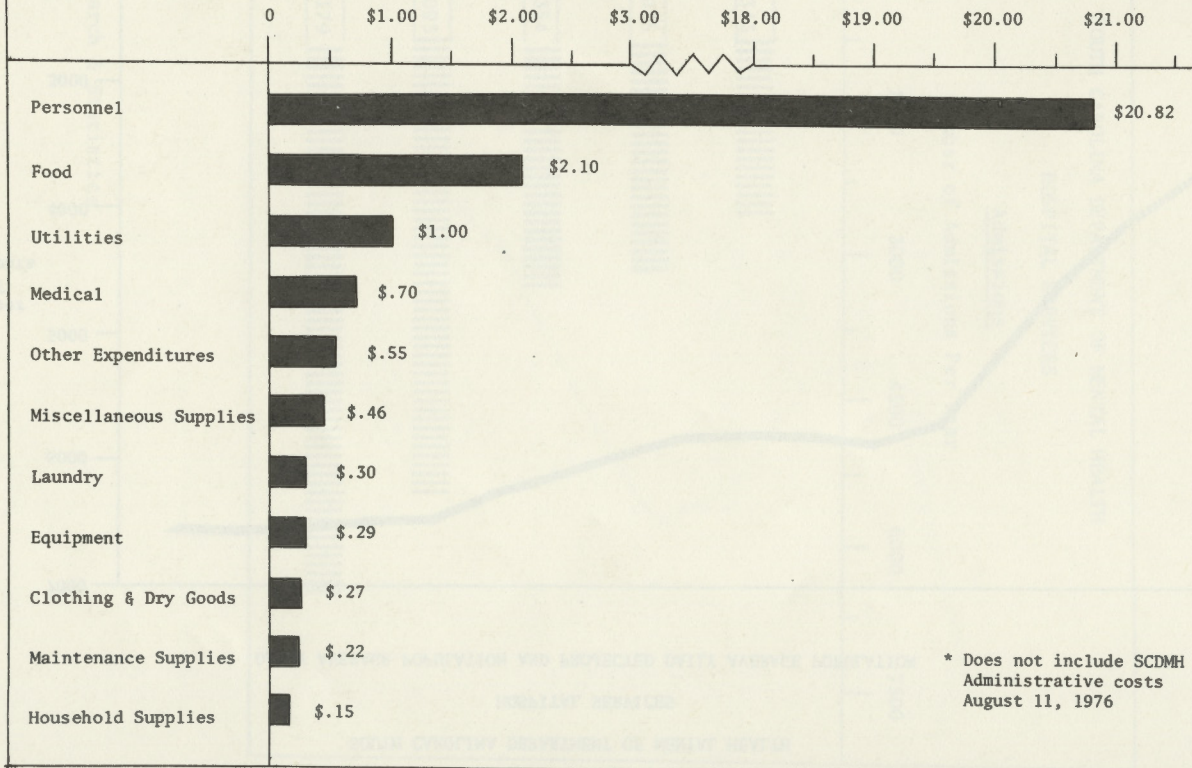
SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

HOSPITAL SERVICES

MAINTENANCE EXPENDITURE PER PATIENT PER DAY*

1975 - 1976

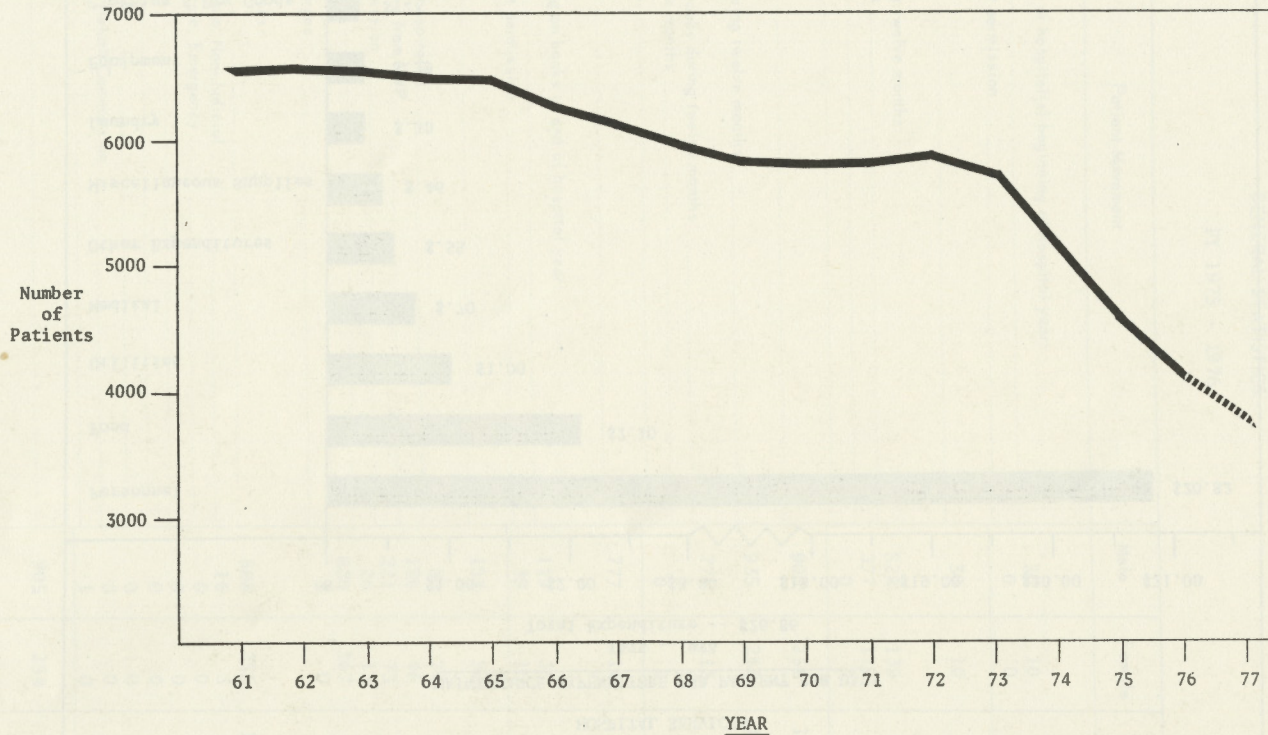
Total Expenditure -- \$26.86



SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

HOSPITAL SERVICES

DAILY AVERAGE POPULATION AND PROJECTED DAILY AVERAGE POPULATION



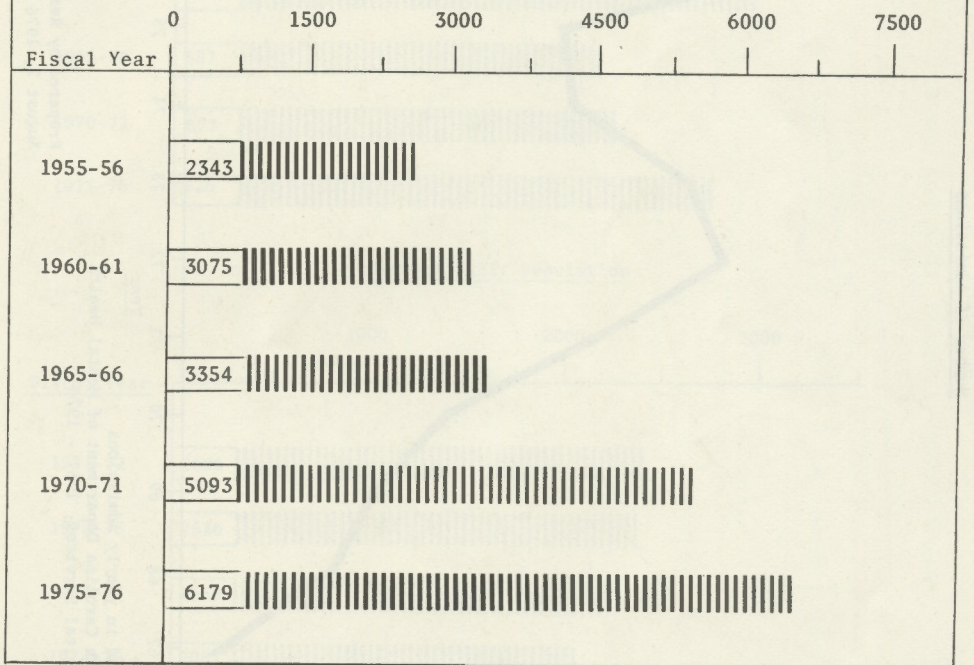
Prepared by Research & Statistics
July 30, 1976

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

HOSPITAL SERVICES

Admissions

Number of Admissions Per Year



Prepared by Research & Statistics
 July 27, 1976

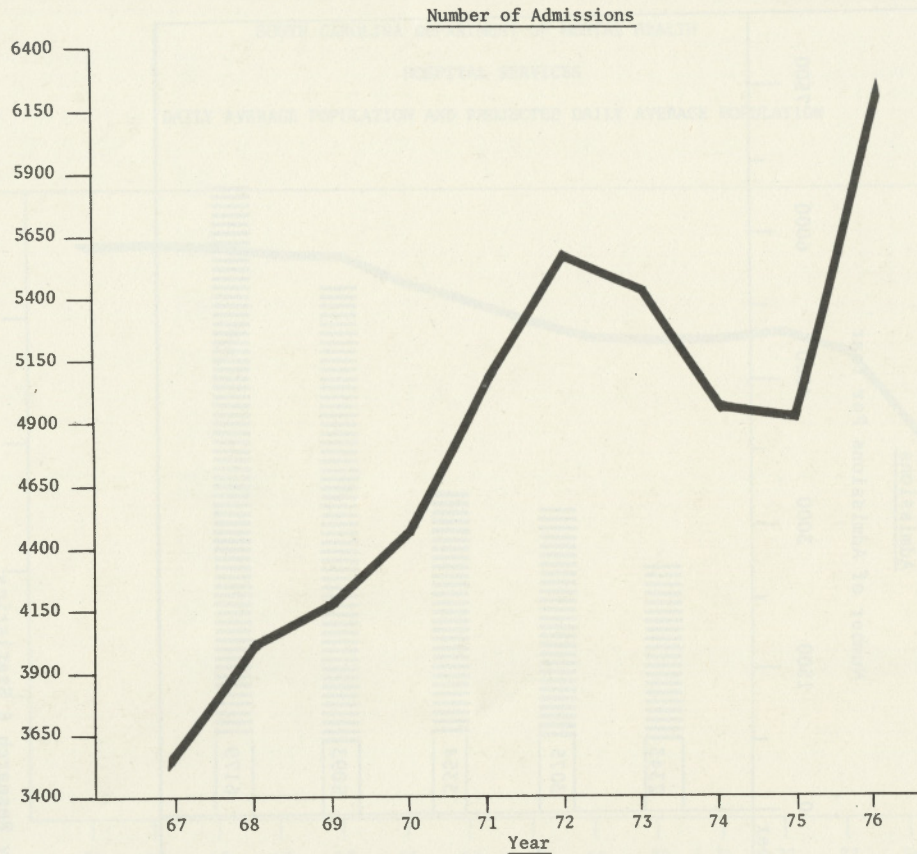
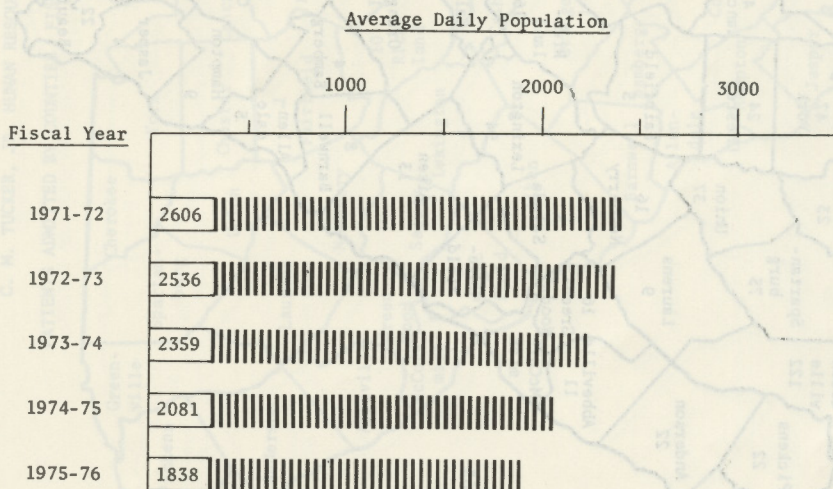
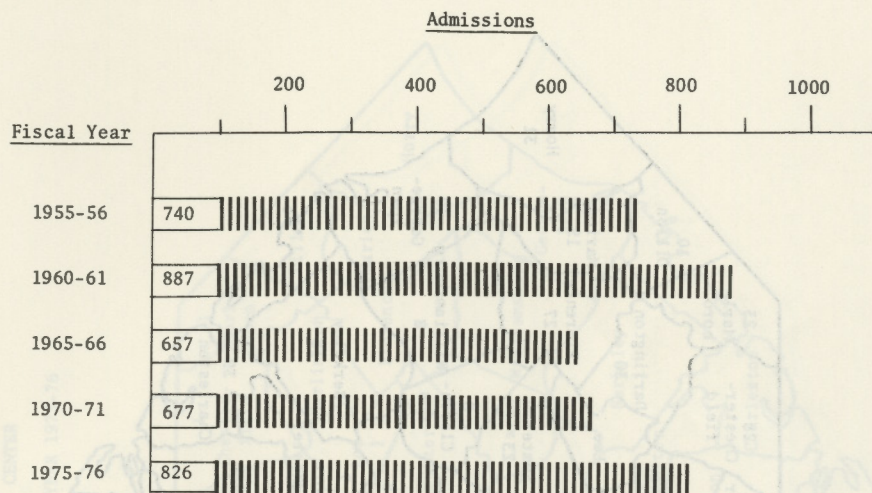


Figure 1 Trend in yearly admissions
South Carolina Department of Mental Health
Hospital Services, 1967 - 1976

Prepared by Research & Statistics
August 2, 1976

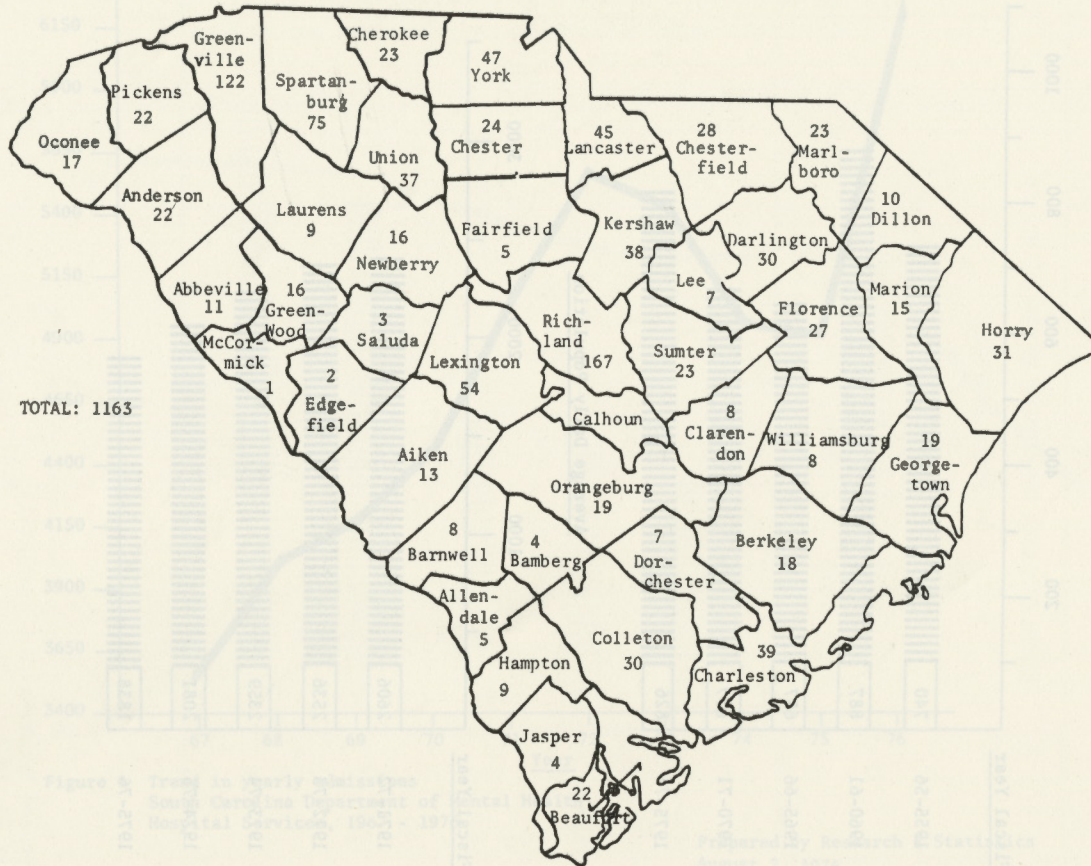
CRAFTS-FARROW STATE HOSPITAL



Prepared by Research & Statistics
August 2, 1976

MORRIS VILLAGE

PATIENTS ADMITTED BY COUNTIES, FISCAL YEAR 1975-76

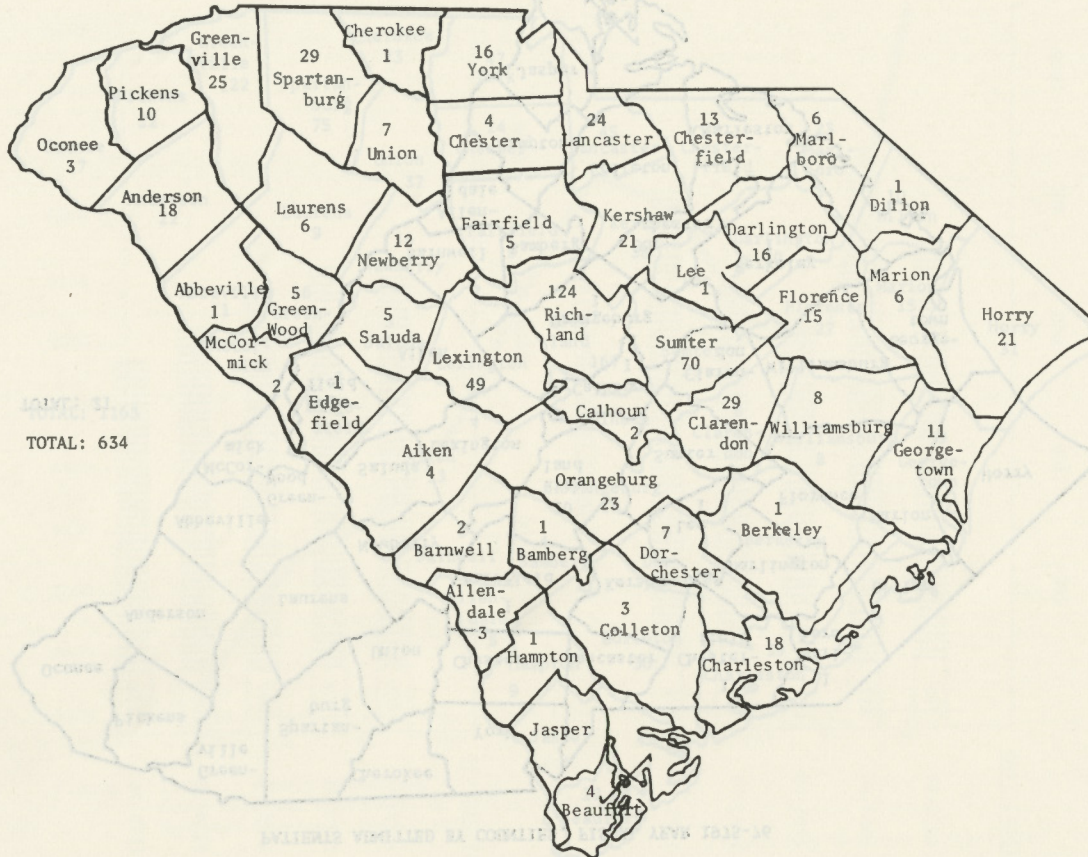


C. M. TUCKER, JR. HUMAN RESOURCES CENTER
 PATIENTS ADMITTED BY COUNTIES, FISCAL YEAR 1975-76

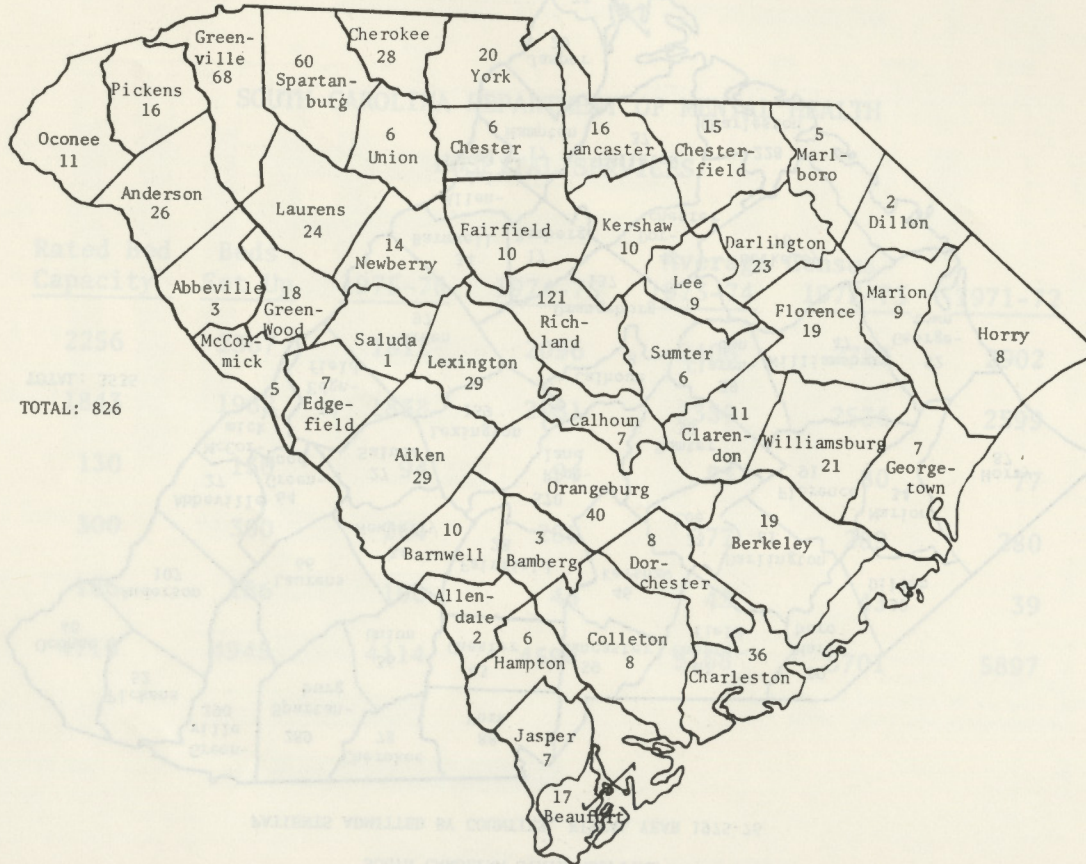


WILLIAM S. HALL PSYCHIATRIC INSTITUTE

PATIENTS ADMITTED BY COUNTIES, FISCAL YEAR 1975-76



CRAFTS-FARROW STATE HOSPITAL
 PATIENTS ADMITTED BY COUNTIES, FISCAL YEAR 1975-76



SOUTH CAROLINA STATE HOSPITAL

PATIENTS ADMITTED BY COUNTIES, FISCAL YEAR 1975-76



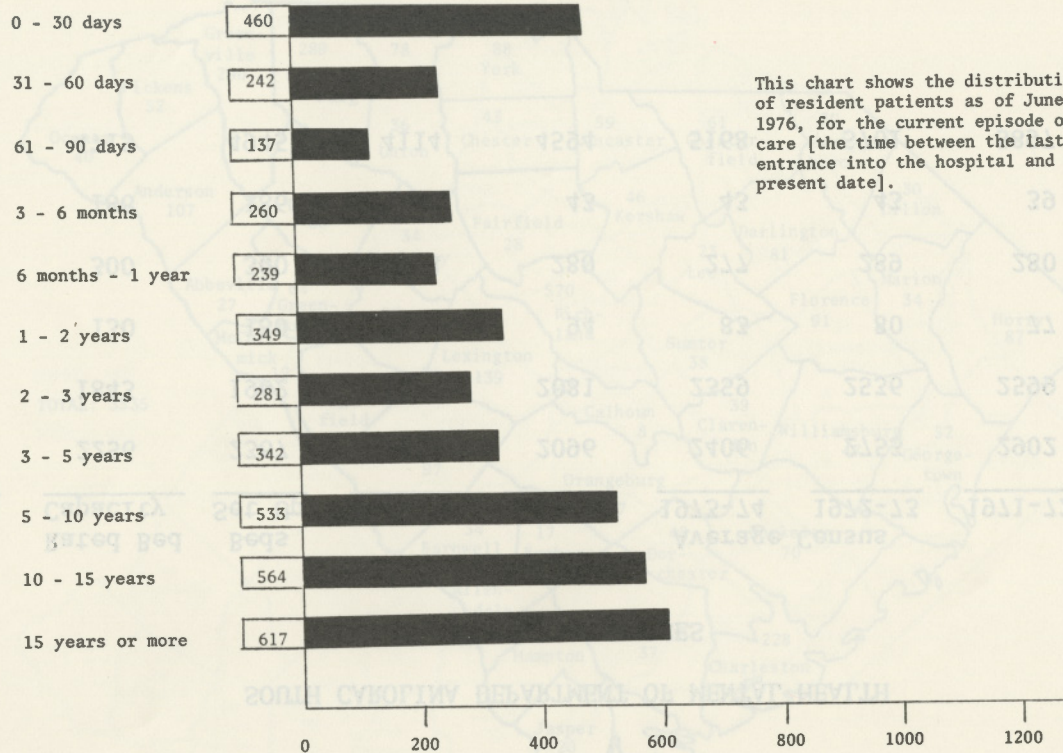
SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

HOSPITAL SERVICES

<u>Facility</u>	<u>Rated Bed Capacity</u>	<u>Beds Set Up</u>	<u>1975-76</u>	<u>1974-75</u>	<u>Average Census</u>		<u>1971-72</u>	<u>1970-71</u>
					<u>1973-74</u>	<u>1972-73</u>		
SCSH	2256	2367	1812	2096	2406	2753	2902	2963
CFSH	1843	1962	1838	2081	2359	2536	2599	2602
WSHPI	130	130	94	94	83	80	77	72
THRC	300	300	264	280	277	289	280	182
MV	186	186	106	43	43	43	39	--
TOTAL	4715	4945	4114	4594	5168	5701	5897	5819

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

HOSPITAL SERVICES



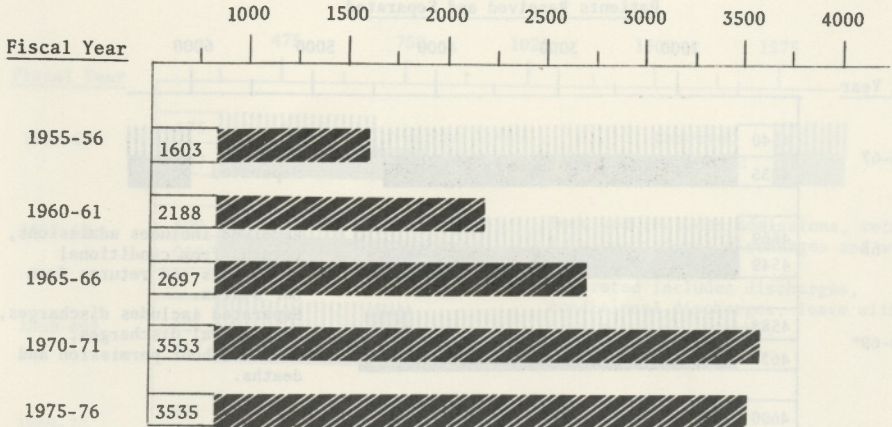
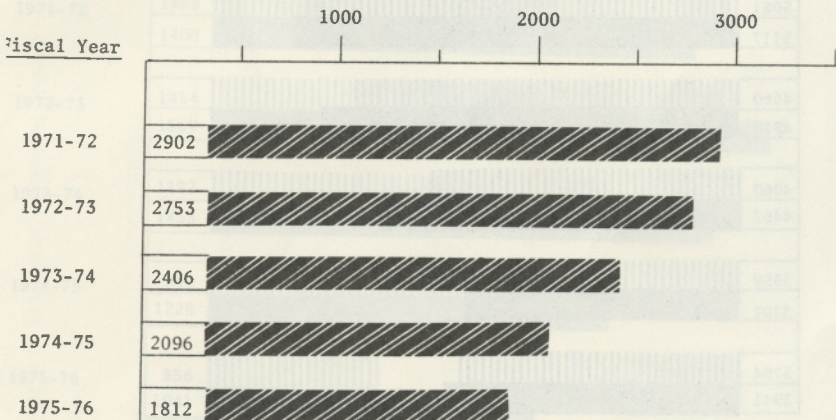
This chart shows the distribution of resident patients as of June 30, 1976, for the current episode of care [the time between the last entrance into the hospital and the present date].

Resident Patients as of June 30, 1976, by Length of Stay

Total 4024

Prepared by Research & Statistics
July 29, 1976

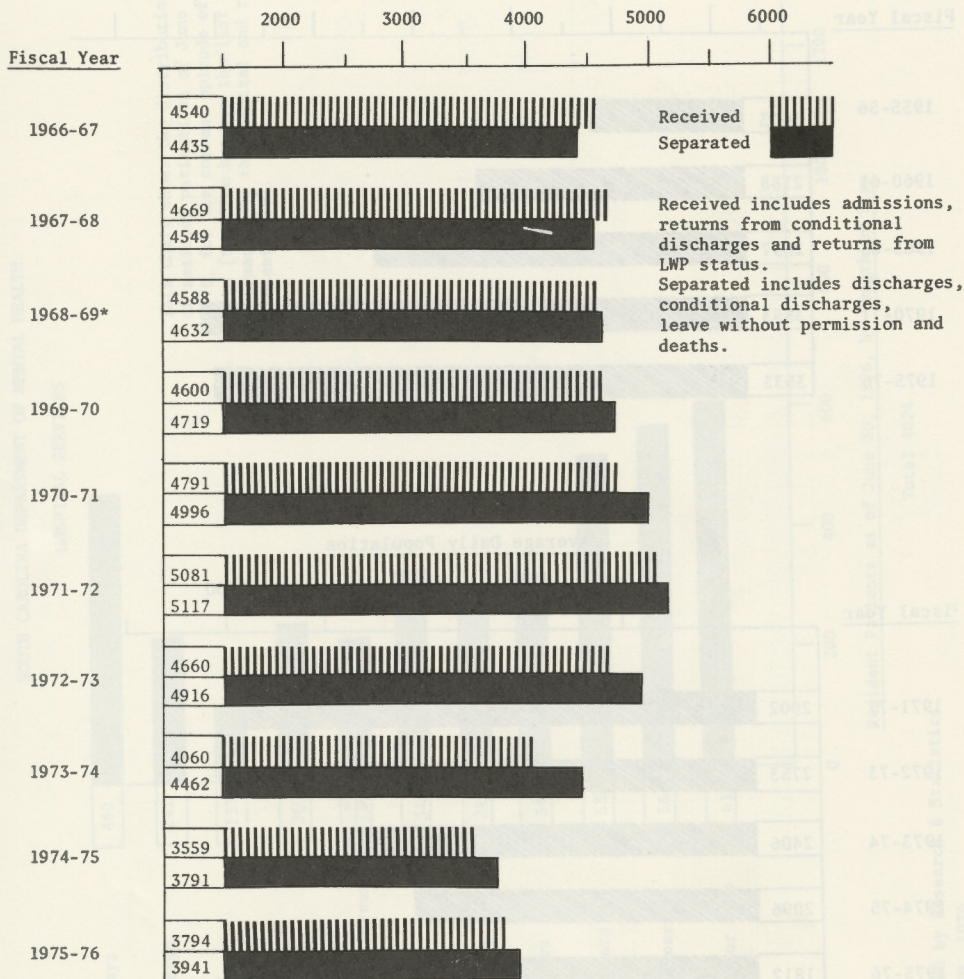
SOUTH CAROLINA STATE HOSPITAL

AdmissionsAverage Daily Population

Prepared by Research & Statistics
August 5, 1976

SOUTH CAROLINA STATE HOSPITAL

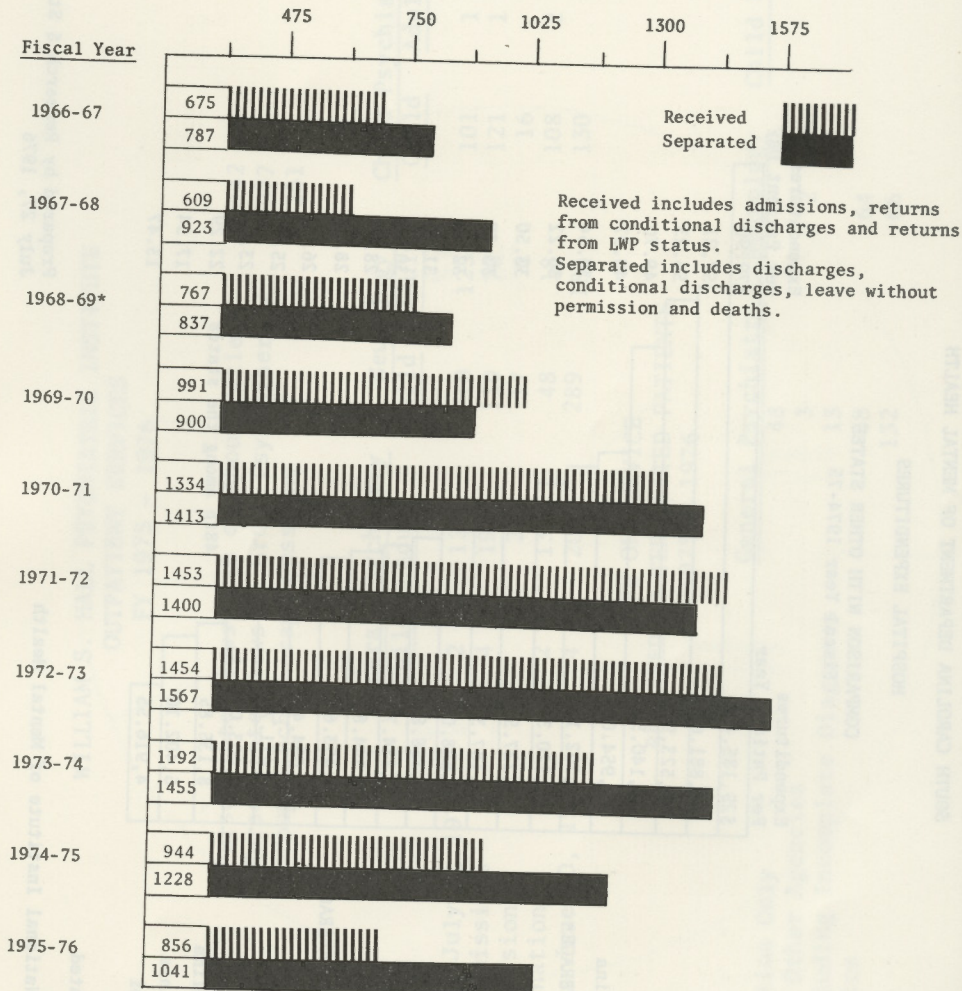
Patients Received and Separated



* Beginning with FY 1968-69:
Received includes transfers in.
Separated includes transfers out.
(Previous years do not include transfers.)

Prepared by Research & Statistics
August 5, 1976

CRAFTS-FARROW STATE HOSPITAL
Patients Received and Separated



Prepared by Research & Statistics
 August 3, 1976

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

HOSPITAL EXPENDITURES

COMPARISON WITH OTHER STATES
Fiscal Year 1974-75

	Expenditures Per Patient Year	Expenditures Per Patient Day
Arkansas	\$29,185.40	\$79.96
Illinois	20,881.65	57.21
Colorado	20,523.95	56.23
Iowa	18,140.50	49.70
North Carolina	14,954.05	40.97
NATIONAL AVERAGE*	13,702.10	37.54
Maryland	13,220.30	36.22
Oregon	12,227.50	33.50
Georgia	12,187.35	33.39
Ohio	11,888.05	32.57
Louisiana	11,358.80	31.12
Alabama	11,234.70	30.78
Tennessee	10,544.85	28.89
SOUTHEASTERN AVERAGE*	10,453.60	28.64
Texas	9,694.40	26.56
Florida	9,471.75	25.95
Virginia	8,603.05	23.57
South Carolina	8,135.85	22.29
West Virginia	6,402.10	17.54
Mississippi	4,916.55	13.47

48th among the states

*Estimated

SOURCE: National Institute of Mental Health

Prepared by Research & Statistics
July 27, 1976

WILLIAM S. HALL PSYCHIATRIC INSTITUTE
OUTPATIENT SERVICES
FY 1975 - 1976

Person-Interviews With or About Patient	8742
Person-Interviews in Group Psychotherapy	1077
Group Psychotherapy Sessions	261

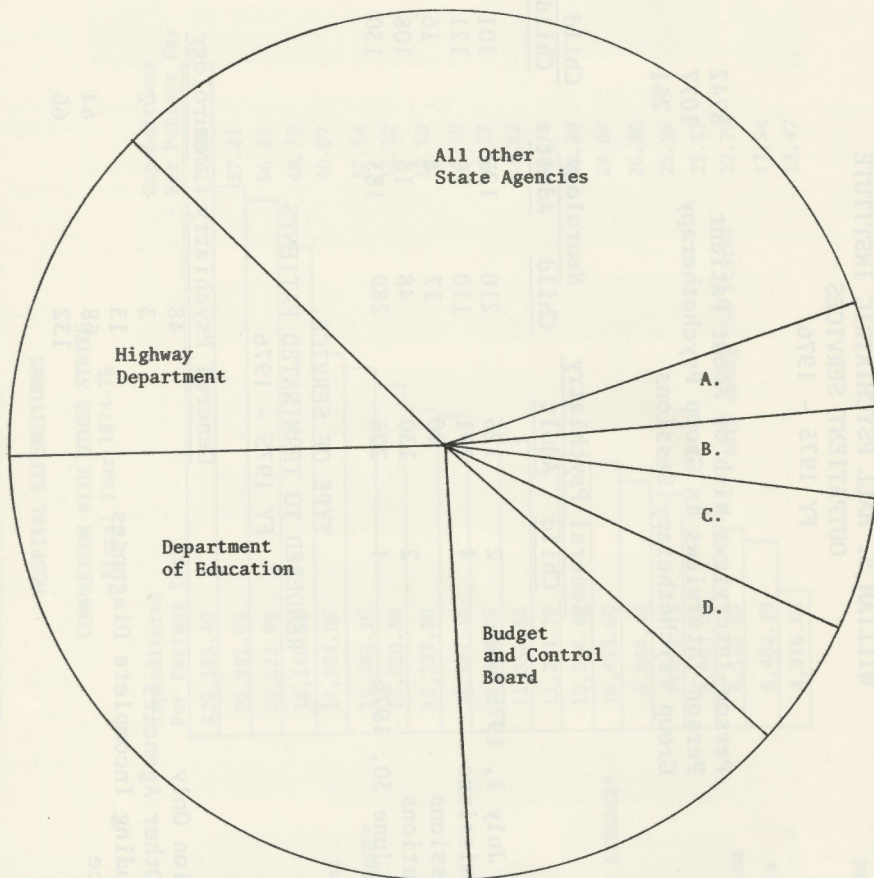
	<u>General Psychiatry</u>		<u>Neurology</u>		<u>Child Psychiatry</u>	
	<u>Child</u>	<u>Adult</u>	<u>Child</u>	<u>Adult</u>	<u>Child</u>	<u>Adult</u>
Census July 1, 1975	2	125	210	125	101	1
New Admissions	4	191	110	70	121	1
Readmissions		20	17	6	16	
Terminations	2	130	48	18	108	2
Census June 30, 1976	4	206	289	183	130	

TYPE OF SERVICE
RENDERED TO TERMINATED PATIENTS
FY 1975 - 1976

	<u>General Psychiatry</u>	<u>Neurology</u>	<u>Child Psychiatry</u>
Intake Application Only	48		32
Evaluation for Other Agencies	3		1
All Others Including Incomplete Diagnoses	13	2	9
Treatment Service	68	64	55
TOTAL	132	66	97

STATE OF SOUTH CAROLINA
APPROPRIATIONS FOR FY 1975 - 1976

A PIE CHART



- A. Department of Mental Health
- B. Medical University of South Carolina
- C. Other Health Agencies
- D. Department of Social Services

Prepared by Research & Statistics
August 5, 1976

